

DHS

Interviewer's Manual

For Use with Model “B” Questionnaire for
Low Contraceptive Prevalence Countries

MEASURE *DHS*+

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Low Contraceptive Prevalence Countries

**MEASURE *DHS*+ Basic Documentation
Number 4**

**ORC Macro
Calverton, Maryland**

March 2002

MEASURE *DHS+* assists countries worldwide with the collection and use of data to monitor and evaluate population, health, and nutrition programs. Funded by the U.S. Agency for International Development (USAID), MEASURE *DHS+* is implemented by ORC Macro in Calverton, Maryland, with the Population Council and the East-West Center.

The main objectives of the MEASURE *DHS+* project are 1) to provide decisionmakers in survey countries with information useful for informed policy choices, 2) to expand the international population and health database 3) to advance survey methodology, and 4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

Information about the MEASURE *DHS+* project can be obtained by contacting ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD, 20705, USA. Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.measuredhs.com>.

Suggested citation:

ORC Macro. 2002. *Interviewer's Manual for Use with Model "B" Questionnaire for Low Contraceptive Prevalence Countries*. MEASURE *DHS+* Basic Documentation No. 4. Calverton, Maryland, U.S.A.: ORC Macro.

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NOTE FOR SURVEY ORGANIZERS: HOW TO USE THIS MANUAL

This manual is designed to explain to interviewers how to do their job. The manual includes information about implementation of the survey, training activities, and fieldwork procedures. It discusses in detail interview techniques and procedures for completing the questionnaires.

As with other DHS manuals, this is a “model” manual that reflects the standard DHS protocol for how to train the survey field teams in conducting interviews with the standard DHS questionnaires. Any changes from the standard protocol will need to be reflected in modifications to this manual. This manual is based on the DHS Model “B” Questionnaire.¹ Country-specific changes to the Model Questionnaires may necessitate changes to this manual, so it is important for survey organizers to carefully review the manual prior to using it. To facilitate the task of customizing this manual, in certain places, the text has been put in brackets to denote that it is likely to require modification.

This manual is available as a computer file from MEASURE DHS+ (see contact information on the inside of the front cover). When using the file, users should be aware that some of the examples require completion by hand.

¹ ORC Macro, 2001. *Model “B” Questionnaire with Commentary for Low Contraceptive Prevalence Countries*. MEASURE DHS+ Basic Documentation No.2. Calverton, Maryland, U.S.A.: ORC Macro.

ACKNOWLEDGMENTS

The current revision of the Interviewer's Manual is the result of a coordinated effort by DHS staff. Sri Poedjastoeti took the lead in preparing the manual. Anne Cross and Fred Arnold were instrumental in reviewing and making revisions. Others who had input include Sunita Kishor, Altrena Mukuria, and Kristi Fair. Kaye Mitchell assisted with the production of the manual.

I. INTRODUCTION TO THE [COUNTRY]² DEMOGRAPHIC AND HEALTH SURVEY

The [Country] Demographic and Health Survey (DHS) is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in [Country]. The DHS will involve interviewing a randomly selected group of women who are between 15 and 49 years of age. These women will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, reproductive health, and other information that will be helpful to policymakers and administrators in health and family planning fields.³

You are being trained as an interviewer for the DHS. After the training course, which will take about three weeks to complete, selected interviewers will be working in teams, going to different parts of the country to interview women in their houses. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the DHS for up to [expected length of fieldwork] months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or data entry staff.

During the training course, you will be listening to lectures about how to fill in the questionnaires correctly. You will also be conducting practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. SURVEY OBJECTIVES

The DHS is part of a worldwide survey program. The international MEASURE *DHS*+ program is designed to

- ▶ Collect information on population, health, and nutrition
- ▶ Measure differences across the country in fertility and use of family planning
- ▶ Assist countries in conducting surveys periodically to monitor changes in population, health, and nutrition;
- ▶ Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

²Text in [] is to be modified on a country-specific basis. This manual was written assuming fieldwork will be conducted in 2000; appropriate changes will have to be made when fieldwork is to be conducted at a later date.

³In countries using a male questionnaire or restricting interviews to ever-married women, this chapter should be revised accordingly.

As part of the international DHS program, surveys are being carried out in countries in Africa, Latin America and the Caribbean, Asia, and the Near East.

B. THE SAMPLE

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and cheaply. Most often, we do not use whole numbers in making our decisions, but instead, we think in terms of percentages. For example, hearing that 800 people support a certain candidate in an election means very little to most of us. However, if we read that 55 percent of the voters support that candidate, we can judge that the candidate will probably win the election. The sample survey provides us with answers that are expressed in averages, proportions, or percentages, such as the proportion of children who are immunized against a certain disease or the proportion of women who do not want to have any more children. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country. The main reasons for using a sample survey instead of a complete enumeration are to reduce the time and cost of collecting information.

The accuracy of a sample survey depends, among other things, on the size of the sample. For example, if you only chose a sample of 100 people from a population of 100,000, the results of the sample would probably bear little resemblance to the total. On the other hand, a scientific sample of 3,000 would yield more accurate results. Therefore, the size of a sample is determined by how accurately the results must reflect the whole population being studied. This is determined by statistical methods that we will not try to discuss in this training session. What you should know, however, is that the sample size is predetermined by the survey organizers according to the level of accuracy they need for the results. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

Certain households throughout [Country] have been scientifically selected to be included in the DHS sample.⁴ Each of these households will be visited and enumerated using the Household Questionnaire.

⁴In this manual, it has been assumed that a household listing will be available for the fieldwork. In some countries, dwellings may be selected instead of households. The description of the sampling process has to be adapted accordingly.

Women age 15-49 will be interviewed using the Women's Questionnaire.⁵ We expect to interview about [expected sample size] women in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women will provide insights into the behavior and attitudes of all women in the country.

[Include a brief explanation of the actual sample selection in [Country], including discussion of the number of clusters or segments selected and whether a household listing and/or mapping operation was done before the survey.]

[If a male survey is included, add a brief description of men eligible for interview using the Men's Questionnaire, expected sample size, and whether all households are included in the sample.]

C. SURVEY ORGANIZATION

The DHS is a comprehensive survey involving several agencies and many individuals. [Name of organization] has the major responsibility for conducting the survey. [Describe participation of other organizations or committees that are involved in designing or implementing the DHS.]

[Description of survey organization, naming the project director, deputy director, and fieldwork coordinators. Clarification of how interviewers relate to these people and lines of authority.]

Each of you who is selected to work on the survey will work in a team consisting of one supervisor, one field editor, [four] interviewers, and one health technician. Field supervisors and health technicians may be either male or female; however, field editors and interviewers should be female, since they will be interviewing female respondents about personal topics.

Each field supervisor will be responsible for one team of interviewers. He/she will be assisted by the field editor, who will be in charge in the absence of the supervisor. The specific duties of the field supervisor and the field editor are described in detail in the Supervisor's and Editor's Manual. Since the workloads of the field supervisor and the field editor will vary from day to day, it is expected that they will assist each other in completing their respective duties. The team's health technician is responsible for weighing and measuring the height of women and young children and measuring the level of hemoglobin in their blood. The measurement techniques that will be used by health technicians are discussed in a separate manual. In the central office, data entry staff and computer programmers will also be assigned to the project.

D. SURVEY QUESTIONNAIRES

There are two questionnaires that will be used in the DHS, the Household Questionnaire and the Women's Questionnaire. [Add the Men's Questionnaire if a male survey is included.]

The households that have been scientifically selected to be included in the DHS sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire consists of a cover sheet to identify the household and a form on which all members of the household and visitors are listed. (Members of the household are persons who usually live in the household, and visitors are persons who do not usually live in the household but who slept there the previous night.) You will collect some information about each person, such as name, sex, age, and education. This information can be used to calculate certain

⁵In some countries, women must also be ever married or ever in union to be eligible for the individual interview; in such cases, this manual will have to be modified accordingly.

demographic rates, such as the birth rate, and to evaluate the quality of the sample implementation. The

Household Questionnaire also collects information on housing characteristics such as type of water, sanitation facilities, quality of flooring, and ownership of durable goods. The measurements made by the health technician are also recorded in the Household Questionnaire.

You will also identify which women are eligible (qualified) to be interviewed with the Women's Questionnaire. All women listed in the Household Questionnaire who are age 15-49 are eligible to be interviewed. This means that household members (persons who usually live in the household) and visitors (persons who do not usually live in the household but who slept there the previous night) are eligible to be interviewed with the Women's Questionnaire. You will also assist the team health technician in measuring the height and weight of all women age 15-49 and children under age five. The health technician will also take a blood sample of these women and children to test for anemia.

[In countries where the sample is limited to ever-married women, the marital status of women age 15-49 has to be recorded in the Household Questionnaire, and women eligible for the Women's Questionnaire must be currently married or living together, no longer living together, divorced, or widowed.]

[In countries that include interviews with men, all men of certain ages (usually 15-54) listed in the Household Questionnaire are eligible to be interviewed. This means that usual members of the household as well as visitors are eligible for the individual interview. These men are identified in the Household Questionnaire.]

After all of the eligible women in a household have been identified, you will use the Women's Questionnaire to interview the women you are assigned.

The Women's Questionnaire collects information on the following topics:

- ▶ Background characteristics. Questions on age, marital status, education, employment status, [religion, ethnic group,] and place of residence are included to provide information on characteristics likely to influence women's behavior. If a woman has ever been married or lived with a man, questions are also asked about the husband or partner.
- ▶ Reproductive behavior and intentions. Data are collected on the dates of birth and survival status of births, nonlive births, current pregnancy status, and future childbearing intentions.
- ▶ Knowledge and use of contraception. Questions are designed to determine knowledge and use of specific family planning methods. Women who are not using family planning are asked their intentions for future use.
- ▶ Availability of family planning. Questions are included to determine where a user obtained her family planning method and whether nonusers know of places to get family planning methods.
- ▶ Children's health. Questions are included on immunizations and recent occurrences of diarrhea, fever, and cough for all children born in the past five years.
- ▶ Feeding practices for children. Questions include information on breastfeeding and child nutrition.

- ▶ Women's health. Information is collected on antenatal care, delivery care, and postnatal care.
- ▶ AIDS and sexually transmitted infections (STIs). Questions are included to ascertain knowledge of AIDS and other STIs.

E. DHS INTERVIEWER'S ROLE

The interviewer occupies the central position in the DHS because she collects information from respondents. Therefore, the success of the DHS depends on the quality of each interviewer's work.

In general, the responsibilities of a DHS interviewer include the following:

- ▶ Locating the structures and households in the sample that are assigned to her, and completing the Household Questionnaire
- ▶ Identifying all eligible women in those households
- ▶ Interviewing all eligible women in the households assigned to her using the Women's Questionnaire
- ▶ Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded
- ▶ Returning to households to interview women she could not contact during her initial visits
- ▶ Assisting the health technician in conducting height, weight, and hemoglobin measurements of women and children.

These tasks will be described in more detail throughout this manual and during your training.

F. TRAINING OF INTERVIEWERS

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations. [A list of training materials each interviewer should have may be included here.]

During training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class [by two of the trainers] as examples of the interviewing process. You will also have a homework assignment for the evenings of this part of your training. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. This is a very important assignment to prepare you for the next phase of training.

Another means of training is role playing in which you practice by interviewing another trainee. One person will be the interviewer and one will be the respondent. [Later on, you will be assigned to groups according

to language and will practice interviewing in your language.]

A later phase of training will include field practice interviewing in which you will actually interview household respondents and eligible women. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. They will test your familiarity and understanding of the questionnaire and the survey process. At the end of the training course, the interviewers will be selected.

Your training as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work in the field, your training is being continued. The formal training period merely provides you with the basic knowledge and information about the survey, questionnaires, etc. Continued observation and supervision during the fieldwork completes the training process. This is particularly important during the first few days of fieldwork. Again, as you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. SUPERVISION OF INTERVIEWERS

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor and the field editor will play very important roles in continuing your training and in ensuring the quality of DHS data. They will

- ▶ Observe some of your interviews to ensure that you are conducting yourself well, asking the questions in the right manner, and interpreting the answers correctly
- ▶ Spot check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct women
- ▶ Review each questionnaire to be sure it is complete and consistent
- ▶ Uncover and take action on apparent omission of births the respondent has had or improper recording of dates of birth
- ▶ Meet with each member of the team on a daily basis to discuss performance and give out future work assignments
- ▶ Help you solve any problems that you might have with finding the assigned households, understanding the concepts in the questionnaire, or dealing with difficult respondents.

The survey director may release from service any interviewer who is not performing at the level necessary to produce the high-quality data required to make the DHS a success.

H. DHS REGULATIONS

During the next few weeks, your presence, interest, participation, and cooperation are absolutely vital. We will try to do all that we can during this time to provide you with the necessary information, training, tools, and support for you to accomplish this very important task. For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Every position on the survey staff is vital to the success of the survey. If you are chosen to be on a team and accept the position, your presence is required for each day of fieldwork.
2. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from her supervisor may be dismissed from the survey.
3. There is a great deal of work to be done over the next few weeks and arriving late to the training sessions will not be tolerated.
4. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
5. Throughout the survey training and the fieldwork period, you are representing the [name of survey organization]. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
6. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
7. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
8. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
9. DHS data are confidential. They should not be discussed with anyone, including your fellow interviewers. Under no circumstances should confidential information be passed on to third parties. Persons breaking these rules, and therefore the confidence placed in them by the respondent, will be dismissed.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. BUILDING RAPPORT WITH THE RESPONDENT

The field supervisor will assign an interviewer to make the first contact with a household selected for the DHS. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be a woman age 15-49). If at least one eligible woman is identified in the Household Questionnaire, the interviewer will complete the Women's Questionnaire with every eligible woman identified. As an interviewer, your first responsibility is to establish rapport with the respondent.

At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence his/her willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. [Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them.] You will also be given a letter [identification card] that states that you are working with the [name of survey organization].

1. Make a good first impression.

When first approaching the respondent, do your best to make her feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

The introduction for the Women's Questionnaire should be read exactly as it is printed in the questionnaire. For the Household Questionnaire, a good introduction might be

"My name is _____. I am a representative of [name of survey organization]. We are conducting a survey about family life and health, and we are interviewing women [and men] throughout the country. I would like to talk to you and ask you some questions."

2. Always have a positive approach.

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

3. Stress confidentiality of responses when necessary.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report. Also, you should

never mention other interviews or show completed questionnaires to other interviewers or supervisors in front of a respondent or any other person.

4. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she was selected to be interviewed. Be direct and pleasant when you answer. However, if she asks questions about family planning methods or medicines, tell her that you will try to answer her questions after you have finished the interview.

The respondent may also be concerned about the length of the interview. If she asks, tell her that the women's interview usually takes about 45 minutes. If the respondent for the Household Questionnaire is a man or an older woman (over age 50), you can tell the respondent that the interview usually takes less than 15 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

5. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the women's interview be conducted privately and that all questions be answered by the respondent herself.

If other people are present, explain to the respondent that some of the questions are private and ask to interview her in the best place for talking with her alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, try to separate yourself and the respondent from the others as much as possible. Extra effort should be made to gain privacy if the other person is a man, particularly the husband. If there is more than one eligible woman in the household, you must not interview one in the presence of the other.

B. TIPS FOR CONDUCTING THE INTERVIEW

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given the "right" or "wrong" answer to the question. Never appear to approve or disapprove of any of the respondent's replies.

A respondent may ask you questions during the interview, for example, about certain contraceptive methods or treatments for diseases. Or she may ask you about your use of family planning or your ideal family size. Tell her that we are interested in her opinions and that you cannot answer her questions because otherwise you would slow down the pace of the work.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt her by saying something like “I suppose you mean that. . . Is that right?” In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If she still does not understand, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something she has already said. In these cases, you must try to re-interest her in the conversation. For example, if you sense that she is shy or afraid, try to remove her shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, her town or village, the weather, her daily activities, etc.).

If the woman is giving irrelevant or elaborate answers, do not stop her abruptly or rudely, but listen to what she has to say. Then try to steer her gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate her and to whom she can say anything without feeling shy or embarrassed. As indicated earlier, the major problem in controlling the interview may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, try to overcome her reluctance, explaining once again that the same question is being asked of women all over the country and that

the answers will all be merged together. If she still refuses, simply write REFUSED next to the question and proceed as if nothing had happened. If you have successfully completed the interview, you may try to obtain the missing information at the end, but do not push too hard for an answer. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. Do not assume women from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

On the other hand, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from her, may be afraid or mistrustful. You should always behave and speak in such a way that she is put at ease and is comfortable talking to you.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what she is being asked. After you have asked a question, pause and give her time to think. If the respondent feels hurried or is not allowed to formulate her own opinion, she may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

[C. LANGUAGE OF THE INTERVIEW (only for multilingual surveys)]

[The questionnaires for the DHS have been translated into all the major languages in which interviewing will take place. However, there may be times when you will have to use an interpreter or modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language. We will be practicing interviews in the local languages during training.

Of course, one of the first things you will do when you approach a household to do an interview is establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area where your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases, you might be able to find another language that both you and the respondent speak, and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language that both you and the respondent speak. In this case, try to find out whether the respondent speaks a language that another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If the respondent does not speak a language that any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter. Try to avoid using the respondent’s husband as an interpreter. Children are also unsuitable interpreters. Remember, try to avoid using interpreters if at all possible since this not only jeopardizes the quality of the interview but will also mean that the interview will take nearly twice as long to conduct.]

III. FIELD PROCEDURES

Fieldwork for the DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. PREPARATORY ACTIVITIES AND ASSIGNMENT SHEETS

Each morning, your supervisor will brief you on your day's work and explain how to locate the households assigned to you. When your supervisor assigns households to you, you should write the identification information on the Interviewer's Assignment Sheet (see Figure 1). The identifying information (household number, address, name of the head of the household) and your name and date of assignment will be written in Columns (1) through (4).

Columns (5) through (10) of the Interviewer's Assignment Sheet serve as a summary of the results of your work in the field for each household. At the end of the day, you will be responsible for recording in these columns the final outcome for all household visits and individual interviews you conducted.

When you receive your work assignment, review it and ask any questions you might have; remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- ▶ Columns (1) through (4) of your Interviewer's Assignment Sheet are complete and that they contain all the information you will need to identify the selected households
- ▶ You have a Household Questionnaire for each household you are assigned;
- ▶ You fill in the identification information on the cover page of each Household Questionnaire
- ▶ You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to locate them
- ▶ You understand any special instructions from your supervisor about contacting the households you are assigned
- ▶ You have several blank Women's Questionnaires.

After completing a household interview, you will record the final result of the interview in Column (5) and the names of any eligible women in Column (6). Allocate a Women's Questionnaire for each eligible woman identified in the household. Fill in the identification information on the cover sheet of a Women's Questionnaire for each eligible woman identified in the Household Schedule.

After completing an interview, you will record the name of the respondent in Column (6), her Line Number in the Household Schedule in Column (7), and the final result of the interview in Column (8) of your Interviewer's Assignment Sheet. You will record the date on which you return the questionnaires for this household to your supervisor in Column (9).

CLUSTER NUMBER **101**

NAME OF LOCALITY

ChobePAGE **1** OF **5** PAGES

FIGURE 1. DHS INTERVIEWER'S ASSIGNMENT SHEET

HOUSEHOLD INTERVIEW				FEMALE INTERVIEW				OBSERVATIONS (10)
DHS HOUSEHOLD NUMBER (1)	DHS STRUCTURE NUMBER OR ADDRESS (2)	NAME OF HEAD OF HOUSEHOLD (3)	DATE ASSIGNED (4)	FINAL RESULT (5)	NAME OF ELIGIBLE WOMAN (6)	LINE NO. OF ELIG. WOMAN (7)	FINAL RESULT (8)	
001	8 Lundu Street	George Banda	6/7/00	1	Grace Banda	2	1	6/7/00
005	20 Lundu Street	Mary Tembo	6/7/00	1	Mary Tembo Rachel Tembo	1 3	1 2	6/7/00 10/7/00
010	14 Nkheto Street	Robert Osewe	6/7/00	1	Samantha Osewe	2	1	6/7/00 Husband present during first half
014	18 Nkheto Street	Albert Mutambe	7/7/00	1	Joice Mutambe	2	1	7/7/00
019	27 Nkheto Street	Reginald Okediji	7/7/00	1	Theresa Okediji Olivia Okediji	2 4	1 1	7/7/00 8/7/00
024	4 Ashani Street	Peter Salawu	8/7/00	1	Celia Salawu Christine Salawu	2 3	6 1	8/7/00 9/7/00

CODES FOR COLUMN 5			CODES FOR COLUMN 8		
1 COMPLETED	6 DWELLING VACANT/ADDRESS NOT A DWELLING	1 COMPLETED	5 PARTLY COMPLETED		
2 NO HH MEMBER AT HOME/NO COMPETENT RESPONDENT	7 DWELLING DESTROYED	2 NOT AT HOME	6 INCAPACITATED		
3 ENTIRE HH ABSENT FOR EXTENDED PERIOD	8 DWELLING NOT FOUND	3 POSTPONED	7 OTHER		
4 POSTPONED	9 OTHER	4 REFUSED			
5 REFUSED					

INTERVIEWER'S NAME Priscilla Akomo	NUMBER OF ELIGIBLE WOMEN 09	NUMBER OF WOMEN'S QUESTIONNAIRES 09
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If after completing the interviews, you find that there are two women eligible for the individual interview, you will return the completed Household Questionnaire to your supervisor with two Women's Questionnaires placed inside.

B. CONTACTING HOUSEHOLDS

[Note: Each country has a specific method of numbering the structures and households so that each has a unique number within the selected cluster. The instructions here assume a sample design that includes the assignment of unique numbers to all structures within sampling units and a listing of households identified by name of the head of the household. Each household is then assigned a number and selection of the sample is done on households. In countries where the sample is drawn on the basis of dwellings rather than households, the contact procedures will have to be modified.]

1. Locating sample households

Recently, household listing teams visited each of the selected sample clusters and 1) prepared up-to-date maps to indicate the location of structures, 2) recorded address information for each structure or described their location (for areas lacking street names or numbers on structures), 3) wrote numbers on structures, and 4) made a list of the names of the heads of all the households living in the structures.

A structure is a freestanding building that can have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance. Within a structure, there may be one or more dwelling (or housing) units. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound. A dwelling unit is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. Within a dwelling unit, there may be one or more households. For example, a compound may have five households living in it, and each household may live in its own dwelling unit. (See Chapter V, Part B for the definition of a household).

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. [It is preceded by DHS, for example, DHS-003 or DHS-032.] Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample.

2. Problems in contacting a household

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

- ▶ The selected household has moved away and the dwelling is vacant. If a household has moved out of the dwelling where it was listed and no one is living in the dwelling, you should consider the dwelling vacant and record Code '6' on the cover sheet of the Household Questionnaire.

- ▶ The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.
- ▶ The structure number and the name of the household head do not match with what you find in the field. Say, for example, that you have been assigned a household headed by Sola Ogedengbe that is listed as living in structure number DHS-003. But when you go to DHS-003, the household living there is headed by Mary Kehinde. Consider whichever household is living in DHS-003 as the selected household. You would interview the household headed by Mary Kehinde.
- ▶ The household selected does not live in the structure that was listed. If, for example, you are assigned a household headed by Vincent Okigbo located in DHS-007, and you find that Vincent Okigbo actually lives in another structure, interview the household living in DHS-007. In other words, if there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you. Tell your supervisor about any such situations you find.
- ▶ The listing shows only one household in the dwelling, but two households are living there now. In this case, interview both households, and make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire. However, if the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two. In either case, inform your supervisor of the situation.
- ▶ The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household living there.
- ▶ The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.
- ▶ The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- ▶ A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- ▶ A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).
- ▶ No one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back (later in the day or the next day).

Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Women’s Questionnaire.

All women age 15-49 who are either members of the household or visitors are considered eligible in the DHS, even if they do not usually live in that dwelling. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule. In certain cases, you may find it difficult to decide whether or not a woman is eligible. Women in these examples are eligible for the women’s interview:

- ▶ A visitor who spent the previous night in the house but is away at the market when you arrive
- ▶ A usual resident who spent the previous night at her sister’s house. She should be counted as a member of the household on the Household Schedule.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors who are women between the ages of 15 and 49). For these households, you will have a completed Household Questionnaire, with no accompanying Women’s Questionnaire.

C. PROBLEMS IN OBTAINING WOMEN’S INTERVIEWS

The following are examples of the kinds of problems the interviewer may experience in obtaining an interview with an eligible woman:

- ▶ Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code ‘2’ (NOT AT HOME) as the result for the visit on the cover sheet and ask a neighbor or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.
- ▶ Respondent refuses to be interviewed. The respondent’s availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet her. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Women’s Questionnaire. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the woman still refuses to be interviewed, enter a Code ‘4’ (REFUSED) as the result for the visit on the cover sheet and report it to your supervisor.
- ▶ Interview not completed. A respondent may be called away during the interview or she may not want to answer all the questions at the time you visit her. If an interview is incomplete for any reason, you should try to arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record on the cover sheet of the questionnaire that the interview is incomplete by entering Code ‘5’ (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.

- ▶ Respondent incapacitated. There may be cases in which you cannot interview a woman because she is too sick, because she is mentally unable to understand your questions, or because she is deaf, etc. In these cases, record Code '6' (INCAPACITATED) on the cover sheet of the questionnaire and on your Assignment Sheet.

The outcome and date of the final attempt to contact an eligible respondent should be noted in Column (8) of your Interviewer's Assignment Sheet. It is important that you keep the visit record on the Interviewer's Assignment Sheet accurately since this form provides a summary of all eligible respondents in the DHS sample. These forms will be returned to the central office for review after completion of interviewing and will be used to calculate response rates.

D. MAKING CALLBACKS

Because each household has been carefully selected, you must make every effort to conduct interviews with the households assigned to you and with the eligible women identified. Sometimes a household member will not be available at the time you first visit. You need to make at least three different visits when trying to obtain a household interview and at least three different visits when trying to obtain a women's interview.

At the beginning of each day, you should examine the cover sheets of your questionnaires to see whether you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a household or respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a callback in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of nonresponse (i.e., the number of cases in which you fail to contact a household or complete a women's interview).

E. CHECKING COMPLETED QUESTIONNAIRES

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You can make minor corrections yourself, but any serious error should be clarified by the respondent. Simply explain to the respondent that you made an error and ask the question again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires you have been provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

F. RETURNING WORK ASSIGNMENTS

At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. You should inform your supervisor about any problems you experienced in locating a household or completing a Household Questionnaire and in conducting an interview with an eligible respondent. For these difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

Completed Household Questionnaires and accompanying Women's Questionnaires placed inside are returned to your supervisor. Make sure you have filled in the final result and date of all interviews you completed and the date you returned the questionnaires to the supervisor on your Interviewer's Assignment Sheet. He/she will update the Supervisor's/Editor's Assignment Sheet, and give the completed Household Questionnaires and Women's Questionnaires to the health technician or the editor, as appropriate.

G. DATA QUALITY

It is the responsibility of the editor to review both the Household Questionnaires and the Women's Questionnaires from a sample cluster while the interviewing team is still in the cluster. The editing rules followed by the editor are explained in detail in the Supervisor's/Editor's Manual. It is especially important for the editor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The supervisor may assist in editing questionnaires during the first two or three weeks of fieldwork. The editor will then discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some data error.

An important task of the editor will be to ensure that interviewers do not omit births or misrecord dates of births in the birth history of the Women's Questionnaire. If birth omission or misrecording of dates of birth is detected, disciplinary action will be taken by the supervisor.

H. SUPPLIES REQUIRED FOR FIELDWORK

Before leaving for the field, you should make sure you have adequate supplies for the day's work. These supplies include the following:

- A sufficient supply of questionnaires
- Interviewer's Assignment Sheets
- Interviewer's Manual
- Identification documents
- A clipboard
- Blue ballpoint pens
- A briefcase or bag in which to carry the questionnaires
- Any personal items you will need to be comfortable, given the circumstances and the area in which you are working.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the DHS questionnaire.

A. ASKING QUESTIONS

It is very important that you ask each question exactly as it is written in the questionnaire. When asking a question, be sure to speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times, you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this probing). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a DHS interviewer.

B. RECORDING RESPONSES

In the DHS survey, all interviewers will use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. There are four types of questions in the DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., “open-ended”; 3) filters; and 4) the calendar.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Have you ever attended school?	YES ① NO 2	→111

In some cases, precoded responses will include an “OTHER” category. The “OTHER” code should be circled when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the “OTHER” code, you should make sure the answer does not fit in any

of the other categories. When you circle the code "OTHER" for a particular question, you must always write the respondent's answer in the space provided. If you need more room, use the margins or the comments section at the end, and write, "see note in comments section."

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS.1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED3 HALFWAY BETWEEN TWO PERIODS4 OTHER <i>Just before and just after her period</i> (6) (SPECIFY) DON'T KNOW 8	

2. Recording responses that are not precoded

The answers to some questions are not precoded; in entering the response for these questions, you must write the respondent's answer in the space provided. Usually, you will record a number or date in the boxes provided. There are two ways this is done:

- a) For some questions, you will have to choose which are the correct boxes in which to record the response and only fill in one row.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
220	<p>IF DEAD: How old was (NAME) when he/she died?</p> <p>IF '1 YEAR', PROBE: How many months old was (NAME)?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>DAYS 1</p> <p>MONTHS ② 09</p> <p>YEARS 3</p>

Whenever the boxes are preceded by codes, you are to fill in boxes for one row only. You must circle the code that identifies the row you have chosen and then fill in the response for that row. If the respondent said her child died at the age of nine months, you would circle Code '2' for MONTHS and write the response in the boxes next to MONTHS.

b) For other questions, you fill in all the boxes provided.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						
215	In what month and year was (NAME) born?	MONTH <table><tr><td>0</td><td>2</td></tr></table> YEAR <table><tr><td>1</td><td>9</td><td>8</td><td>8</td></tr></table>	0	2	1	9	8	8
0	2							
1	9	8	8					

Whenever boxes are provided without having codes in front of them, you provide the information for all the rows. As in the example above, for a child born in February 1988, you record the month and year.

Notice that if the response has fewer digits than the number of boxes provided, you fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009.'

There are other cases, however, where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
710	What is your occupation, that is, what kind of work do you mainly do?	<u>Grows tomatoes</u> <u>and sells them</u> <u>in the market</u>	<table><tr><td></td><td></td></tr></table>		

3. Marking filters

Filters require you to look back to the answer to a previous response and then mark an X in the box. (See Section D.2 for description of filters.)

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input checked="" type="checkbox"/>	CODE '1' CIRCLED <input type="checkbox"/>	→115

4. The calendar

The following information is recorded in the calendar located in the flip-out section at the end of the Women's Questionnaire: births, pregnancies, contraceptive methods used, source of contraception, reasons for discontinuing any method, and marriages. The information is recorded for the period five years prior to the interview [since January 1995]. See Chapter VI (The Calendar) for a full explanation of its use.

C. CORRECTING MISTAKES

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not try to erase an answer. Just put two lines through the incorrect response. Remember that if there are two responses for a particular question, it may not be possible later, when the data are being coded, to determine which is the correct answer. Here is how to correct a mistake:

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Have you ever attended school?	YES NO	① 2 → 111

D. FOLLOWING INSTRUCTIONS

1. Skip instructions

It is very important not to ask a respondent questions that are not relevant to her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED YES, LIVING WITH A MAN NO, NOT IN UNION	① 2 3 → 505

Notice that if you circled either Code '1' or '2' you would skip to Question 505. In this case, Questions 502-504 are only asked of women who are not currently in a union.

2. Filters

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions. For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an "X" in the appropriate box in the filter; then follow the skip instructions.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	CHECK 226: NOT PREGNANT OR UNSURE <input checked="" type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 610

Note that all instructions for the interviewer are printed in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters.

E. CHECKING COMPLETED QUESTIONNAIRES

After you have completed an interview, you must review the questionnaire by carefully checking the answer to each question. It is important to check that you have followed all the appropriate skip patterns and that you have not omitted any sections. If necessary, you may correct your handwriting or clarify answers. You should review the questionnaire BEFORE you leave the household, so that if you need to question the respondent further, she is likely to still be available. You should write any comments about the interview that you feel would clarify the answers you recorded or that would be of interest to your supervisor. If you have any doubts about how to record an answer, feel free to write a note on the questionnaire and then check with your supervisor. She/he is there to help you.

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible (qualified) to be interviewed with the Women's Questionnaire.

The Household Questionnaire is a short schedule that includes a number of relatively simple questions. It is preceded by a cover page for entering data about the location of the household, the date, and the outcome of the interview.

A. IDENTIFICATION OF HOUSEHOLD ON THE COVER PAGE

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor. Write the name of the place in which you are working. Also write the name of the head of the household that you are to interview. Record the cluster number, the household number, and the code for the region in the boxes to the right of those lines. Then record whether the place is urban or rural by placing a '1' or '2' in the box to the right of the line marked URBAN/RURAL. Then record whether this place is in a large or small city, a town, or in the countryside by placing a '1,' '2,' '3,' or '4' in the box to the right of the line marked LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE. All this information will be given to you by your supervisor.

Since you will fill in the rest of the cover page after you have conducted the interview, it is described in Section C, under the heading RETURN TO COVER PAGE.

B. COMPLETING THE HOUSEHOLD QUESTIONNAIRE

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do not interview a young child; instead, go on to the next household, and call back at the first household later. After you have introduced yourself and explained the purpose of your visit, you are ready to begin the interview. Be sure to read the introductory sentence at the top of the page before continuing with the question in Column (2).

Column (1): LINE NUMBER

This is the Line Number used to identify each person listed in the schedule.

Column (2): USUAL RESIDENTS AND VISITORS

The first step in completing the Household Questionnaire is to get a complete list of all persons who usually live in the household and any visitors. You will always list the head of the household first. To get a correct listing, you will have to know what we mean by a member of the household, and what we mean by a visitor.

Member of the household:

A household is a person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live

together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered one household.

A member of the household is any person who usually lives in the household.

Visitor:

A visitor is someone who is not a member of the household but who slept in the household the night before the day you are conducting the interview. So even though a visitor does not qualify to be a respondent for the household interview, if he or she slept in the household the previous night, he or she should be listed on the Household Schedule (and a woman who is a visitor will qualify for the individual interview if she is age 15-49). [A man who is a visitor will also qualify for the individual interview if he meets the age requirement.]

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- ▶ A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.
- ▶ Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he sleeps.
- ▶ A person living alone is a household.
- ▶ A servant is a member of the household if he/she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column (5) is YES—or has to have spent the previous night in the household—Column (6) is YES.

As your respondent lists the names, write them down, one in each row in Column (2) of the table. Begin with the head of the household, i.e., the person who is considered responsible for the household. This person may be appointed on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason, but the person who is listed as the head of the household has to be someone who usually lives in the household. It is up to the respondent to define who heads the household. There generally should not be a problem with this.

Since there is not much room on the form, you may not be able to write the full names for each person, so, if the last name is the same for several people, you can use ditto marks:

- 01 Alfred Johnson
- 02 Miriam "
- 03 Sarah "

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. To do this, ask the questions in the box at the end of the Household Schedule. If the answer to any is YES, add those persons' names to the list.

For each person, the relationship to the head of the household and the sex should be recorded before asking the name of the next person. After completing Columns (2) through (4) for each person, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns (5) through (20).

When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Column (3): RELATIONSHIP

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. Be particularly careful in doing this if the respondent is not the head of the household; make sure that you record the relationship of each person to the household head, not the relationship to the respondent. For example, if the respondent is the wife of the head of the household and she says that Sola is her brother, then Sola should be coded as OTHER RELATIVE not BROTHER OR SISTER, because Sola is a brother-in-law of the head of the household. If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as ADOPTED/FOSTER/STEPCHILD.

Column (4): SEX

Simply circle '1' for males and '2' for females.

Columns (5) and (6): RESIDENCE

If the person usually lives in the household, circle '1' for YES in Column (5). We call someone who usually lives in the household a member of the household. Someone who does not usually live in the household, but did sleep there the night before is called a visitor. If the person slept in the household the night prior to the time you are conducting the interview, circle '1' for YES in Column (6). A usual member of the household may or may not have slept in the household the night before.

If after asking these residence questions you learn that the person does not usually live in the household—Column (5) is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he is neither a member nor a visitor. For example, imagine you had listed Mary Worth as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before. You would draw a line through Row 04, canceling Mary from the listing. Then you would have to renumber the subsequent Line Numbers to make them correct—in Columns (1), (8), and (9), change Line 05 to 04, 06 to 05, etc. The same change should be made in the Line Number in the column to the left of Column (10). Whenever you make a correction to the Line Numbers, you must check Columns (11) and (13) and make appropriate corrections to the Line Numbers there also.

Column (7): AGE

If you have difficulty obtaining the ages of household members, use the methods described for Q. 106 in the Women's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

Columns (8) and (9): ELIGIBILITY

Look at Columns (4) and (7) and circle the Line Number in Column (8) for all women who are between 15 and 49 years of age (this includes those who are age 15 and 49). These are "eligible women" (eligible means to qualify), and they qualify for an interview using the Women's Questionnaire. Remember, the woman may be a usual resident of the household or only a visitor. Next, look at Column (7) for children who are under six years of age, and circle the Line Number in Column (9).

Columns (10) through (13): SURVIVORSHIP AND RESIDENCE OF PARENTS

For all children who are younger than 15 years old, we want to know whether either of their own (natural) parents are listed in the Household Schedule. This information can be used to measure the prevalence of orphanhood and child fostering in the population. For everyone age 15 years and more, Columns (10), (11), (12) and (13) will be left blank. First, ask whether the child's natural mother is alive. By "natural" we mean the biological mother. In many cultures, people consider other people's children whom they are raising their own, especially children of their husband or sisters, etc. So you should be certain that the respondent understands that you are asking about the woman who gave birth to the child. Record whether or not the child's natural mother is still alive by circling '1' or '2' in Column (10). If the respondent does not know whether the natural mother is still alive, circle '8' for "DON'T KNOW". If you find in Column (10) that the mother is not alive or the respondent does not know—Column (10) is '2' or '8'—you would skip to Column (12)—leave Column (11) blank and ask about the father.

If the mother is still alive, we want to know whether she lives in the household. Ask the question in Column (11). If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household) and record her Line Number in Column (11). Her Line Number is printed in Column (1) and this will identify who the mother is. If the mother is not a member of the household, record '00' in Column (11). Follow the same procedure for the child's natural father—Columns (12) and (13)—as you do for the natural mother.

Remember, if you found it necessary to cross someone off the Household Schedule, you are to renumber the Line Numbers, and you may have to make corrections to the Line Numbers in Columns (11) and (13).

Columns (14) through (20): EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply leave Columns (14), (15), (16), (17), (18), (19), and (20) blank.

The term "school" means formal schooling, which includes primary, secondary, and postsecondary schooling, and any other intermediate levels of schooling in the formal school system.⁶ This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

For everyone age five or older, ask the question in Column (14). Circle '1' for persons who have ever attended school and '2' for those who have never attended school. If the person has never attended school, you will leave Columns (15) through (20) blank.

If the person has attended school, you will record his/her educational attainment in Column (15). Do this by using the codes at the bottom of the page. You will first record the level of schooling by recording the highest level the person ever attended, even if he/she did not finish that level. Then you will record how many grades the person completed at that level. For example, a man who completed all the grades of primary

⁶Questions on education should be adapted according to the education system in each country.

school would be LEVEL 1, GRADE 06.⁷ A child who is currently in the third year of primary school would be LEVEL 1 and GRADE 02 (she has not yet completed the third year). A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level. Now suppose the respondent knows her son went to primary school but does not know what grade he completed. You would record LEVEL 1 and GRADE 98 (DON'T KNOW). If the respondent does not even know the highest level her son attended, you would record LEVEL 8 (DON'T KNOW) and leave the grade blank.

For people age 5-24 who have ever attended school, ask the question in Column (16). The term “currently attending” refers to whether the person generally attends school; it does not measure how often a person actually attends school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but has been absent from school recently, the person is currently attending school. However, if a person has left school and does not intend to return to school during the current school year, he/she is not currently attending. If the person is currently attending school, leave Column (17) blank and ask the question in Column (18).

If the person is not currently attending school, ask the question in Column (17) about whether the person attended school at any time during the current school year and circle ‘1’ for YES and ‘2’ for NO.

If the person is attending school or attended school at any time during the current school year, ask the question in Column (18) about the level and grade the person is/was attending. If the person did not attend school at any time during the current school year, leave Column (18) blank.

For people age 5-24 who have been to school, ask the question in Column (19). Ask whether the person attended school during the previous school year and circle ‘1’ for YES and ‘2’ for NO.

If the person attended school during the previous school year, ask the question in Column (20) about the level and grade the person attended. If the person did not attend school during the previous school year, leave Column (20) blank.

CONTINUATION SHEET

If you interview a household that has more than 20 members, mark the box at the end of the list of household members, take a fresh Household Questionnaire, fill in all the information on the cover page, and write “CONTINUATION” on the top. Then on the second Household Questionnaire, change Line Number 01 to 21 and if necessary, change line 02 to 22 and so on in Columns (1), (8), (9), and left of Column (10). Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

OVERVIEW OF QUESTIONS 21-35: HOUSEHOLD AMENITIES

After asking the questions about each member of the household, you will ask Questions 21-35, which ask about amenities owned or most frequently used by the household members.

Q. 21: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household is drinking water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the

⁷Adjust the years of schooling for “all grades of primary school” according to the number of years of primary school in the country.

majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

Q. 22: TIME TO GET WATER

This question is not asked if the respondent's source of drinking water is within the household compound; it is also not asked if the household collects rainwater, or buys bottled water. Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. This is by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. Convert the answer to minutes if necessary, and put zeroes in front; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090.' If the source of water is on the property, for example a stream that runs through the yard, you would record ON PREMISES.

Q. 23: TOILET FACILITIES

As with Qs. 21 and 22, the purpose of this question is to obtain a measure of the sanitation level of the household, since water supply and toilet facilities are important for disease control and health improvement.

A FLUSH toilet is one in which water carries the waste down pipes, whether the water is piped into the toilet or poured in by buckets. A ventilated improved pit (VIP) is a latrine that has been improved by the addition of some kind of construction (usually a pipe) that provides a route for fumes to escape, other than the hole itself. A traditional pit toilet is not ventilated. If respondents answer that they use the bush, the fields, or a cleared corner of the compound, record NO FACILITY/BUSH/FIELD.

Q. 25: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO. Be sure to circle either a '1' or a '2' for each item. Do not leave any blank.

Q. 26: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. BIOGAS includes gases produced by fermenting manure in an enclosed pit. LIGNITE is a derivative of coal that produces more smoke when burned but produces less heat than coal.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

Q. 27: FLOOR MATERIAL

This is not a question that you will have to ask the respondent since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure. If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 28: OWNERSHIP OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a bicycle, motorcycle, or car. Follow the same procedure as in Q. 25 in asking about these items. A small child's bicycle is primarily a toy and should not be recorded here.

Qs. 29-32: USE OF A BEDNET

These questions are only asked in countries where malaria is prevalent and are aimed at finding out whether children under age five are protected from getting bitten by mosquitoes which may carry the malaria parasites. In Q. 29, ask whether the household has a bednet. If YES, circle '1', and continue with Q. 30. If NO, circle '2,' and go to Q. 33. In Q. 30, you need to check Columns (6) and (7) in the Household Schedule to see how many children under age five slept in the household the night before the interview. Follow the appropriate skip pattern. If no child under age five spent the night in the household, mark the box on the left in Q. 30 and go to Q. 33. If there is one child, mark the box in the center and continue with Q. 31. If there are two or more children, mark the box on the right and ask Q. 32.

Qs. 33 and 34: HAND WASHING

Washing hands, especially before handling food, can protect people from getting infected with various diseases such as diarrhea. Appropriate hand-washing requires a dedicated location that contains a clean water supply, a basin for containing water, and a cleaning agent such as soap. In Q. 33, ask whether the household has any place where household members usually wash their hands. If the answer is YES, ask the respondent whether the place is on the property (Code '1') or somewhere else (Code '2'). In Q. 34, ask the respondent to show you where the household members usually wash their hands. For each item, record whether you see it or not.

Q. 35: TYPE OF SALT

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter.

Ask the respondent for a sample of cooking salt in a spoon or a piece of paper (a quantity of about one half teaspoon). If the household does not have salt, circle '5' for NO SALT IN HOUSEHOLD. If the household refuses to give salt for testing, circle '6' for SALT NOT TESTED.

If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. To test the salt for iodine content, first shake the vial of clear liquid and squeeze one drop of the liquid into the middle of the salt sample. If the salt is iodized, the wet salt should change color. Match the color of the wet salt with the color chart on the side of the iodine kit. Record [0, 7, 15 or 30] ppm (parts per million) in Q. 35 as appropriate, depending on the closest match and continue with the next question. If there is no color change, you need to do a second test using a fresh sample of salt. First, flatten the salt so that it is even and not heaped. Then shake the vial of pink liquid and squeeze one drop of the liquid into the middle of the fresh salt sample. Then squeeze one drop of the clear liquid on top of the

same spot. Finally match the color of the wet salt with the color on the chart on the iodine kit and record the result in the questionnaire. If the color remains white, circle '1' for 0 ppm; otherwise, record the ppm reading of the color on the iodine kit that most closely matches the color of the wet salt. When matching the color of the wet salt with the color on the chart, it is important to make sure you have sufficient light to match the color accurately. It may be necessary to take the salt sample outdoors if the light indoors is inadequate.

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS

All women between age 15 and 49 as well as children born since January [1995] will be weighed and measured to assess their nutritional status. The measurement of weight and height (anthropometric measurement) is a separate operation that will usually be conducted after the household interview is completed.

Instructions on how to measure the weight and height of women and children are presented in Appendix A and for hemoglobin measurement in Appendix B.

The health technician on the team will be responsible for conducting the actual measurements, but you will need to complete Columns (36) through (38) and Column (48) yourself. After you have completed the Household Questionnaire through Q. 35, complete Columns (36) through (38) based on the information you already collected in the Household Schedule.

Columns (36) through (38): LINE NUMBERS, NAMES, AGES

In Columns (36) and (37), copy the Line Numbers and names of all women age 15-49 in the top panel from Columns (2) and (8) of the Household Schedule. In the bottom panel, copy the Line Numbers and names of all children under six years old (that is, age 00, 01, 02, 03, 04, and 05) from Columns (2) and (9) of the Household Schedule.

In Column (38), copy the age of the women and children as recorded in Column (7) of the Household Schedule.

Later, you will return to this section to fill in Column (39) for children and Column (48) for women, but it is best to complete this after completing interviews with eligible women.

C. RETURN TO COVER PAGE

After you have finished filling out the household schedule, go back to the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places: on the cover sheet of the Household Questionnaire and in Column (5) of the Interviewer's Assignment Sheet.

You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- ▶ Code 1 Completed. Enter this code when you have completed the household interview.
- ▶ Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is home. If no one is home when you visit, or if there is only a child or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.
- ▶ Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- ▶ Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed then, schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.
- ▶ Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.
- ▶ Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- ▶ Code 7 Dwelling destroyed. If the dwelling burned down or was demolished in some other manner, enter Code '7.'
- ▶ Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.

- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the ‘Other’ category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. Write the day of the month in the DAY boxes. You need to convert the month into numbers. For this, January is ‘01,’ February is ‘02,’ March is ‘03,’ etc. Write [‘2000’] in the YEAR boxes. For example, the last day in October [2000] would be DAY 31, MONTH 10, YEAR [2000]. Write your assigned interviewer number in the boxes labeled NAME. Record the result from the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total by TOTAL NO. OF VISITS.

TOTAL IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN

After you have completed the household interview, you will record the total number of people listed in the schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD. You will also record (in the boxes labeled TOTAL ELIGIBLE WOMEN) the total number of women in the household who are eligible for interview with the Women’s Questionnaire, and in the boxes labeled LINE NO. OF RESP. TO HOUSEHOLD QUEST. record the Line Number of the person who was your respondent.

BOTTOM OF COVER PAGE

At the bottom of the cover page, the supervisor will write his/her name and the date. The field editor will also write her name and the date on which she edited the questionnaire. Office editing and data entry will only be done in the main office, and space is provided for the office editor and data entry person to record their names.

PREPARE A WOMEN’S QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN

After completing a household interview, allocate a Women’s Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of a Women’s Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are two women eligible for the women’s interview, you will take two Women’s Questionnaires and fill in the identification information for each of the two women.

The identification information on the Women’s Questionnaire is similar to the identification information on the Household Questionnaire. However, there are two additional items that you must record on the cover page of the Women’s Questionnaire. You must write the eligible woman’s name and the Line Number she was assigned in the Household Schedule in Column (1). If an eligible woman is immediately available, proceed to interview her. After completing the interview with the woman, you will return the completed Household Questionnaire to your supervisor with the Women’s Questionnaires tucked inside. If there is more than one eligible woman in the household, e.g., two women, return two completed Women’s Questionnaires tucked inside the completed Household Questionnaire.

VI. THE CALENDAR

A. DESCRIPTION OF THE CALENDAR

The calendar is located in the flip-out section at the end of the Women's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events that occurred in the year of the survey plus the five full calendar years preceding the current year are included.⁸

On the vertical axis of the calendar, there are 72 boxes (each box representing one month) divided into six sections (each representing one year or 12 months). On the horizontal axis is one column in which to record live births and pregnancies. In this column, you will place coded information that describes the timing of the woman's recent experience with pregnancy and childbearing. The methods you will use to fill in the calendar are discussed in this chapter. But before we proceed, a couple of points need to be understood:

- 1) Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar.
- 2) Only one code may appear in each box.

For each live birth in January [1995] or later (Q.215), place a 'B' in the month of birth and a 'P' in each of the preceding months according to the duration of the pregnancy. For each birth, the number of 'P's must be one fewer than the number of months that the pregnancy lasted (because the 'B' represents the final month). Write the child's name to the left of the 'B.'

For women who are currently pregnant (Q. 227), place a 'P' in the month of interview and in each preceding month of pregnancy. The number of 'P's in the calendar should equal the number of completed months of pregnancy given in Q. 227. For all pregnancies that ended in a nonlive birth (Qs. 229-234), place a 'T' in the month of pregnancy termination and a 'P' in each month of pregnancy. For example, if a miscarriage occurred in the fourth month of pregnancy (i.e., after three completed months) in June 1996, then place one 'T' in June 1996 and one 'P' in each of the three preceding months.

For long pregnancies (at least four months), instead of writing 'P' for each month of pregnancy, you may enter the code 'P' in the first and last months and connect them with a squiggly line.

B. GENERAL COMMENTS

- ▶ Only one code is entered in any one box (month) of the calendar.
- ▶ Each squiggly line must have both endpoints defined by the same code.
- ▶ To label the births, write the child's name to the left of the 'B.' This will make your work easier and more accurate because birth dates serve as your best reference points.
- ▶ Always refer to information that is already in the calendar to help the respondent recall dates. And remember, the calendar is built in steps; each entry should be consistent with previous entries.

⁸The calendar should cover the survey year up to the last month of fieldwork, plus the full five years prior to the survey year. For surveys fielded in 2000, the calendar begins with the year 1995, and for fieldwork beginning in 2001, 2002, or 2003, the years should be adjusted.

C. ILLUSTRATIVE CASES

We will complete the column with two situations, one more complex than the other. We assume that the respondent knows the dates of birth of her children.

To complete the column, two steps are necessary:

- 1) Transfer the dates of live births from the birth history to the calendar.
- 2) Record the months of pregnancy (P), for pregnancies terminating in live births (B) and nonlive births (T).

Case #1: two live births

In this example, the respondent had two births since January 1995. The first was Abdullah, born on September 18, 1996, and the second was Ahmad, born on February 25, 1998. She was interviewed in June 2000.

The first panel shows the first step in recording these events. The dates of birth of the children are obtained from Q. 215 in the birth history. The instructions for filling out Column (1) of the calendar are given in Q. 225. Record a 'B' in each month of birth and write the name of the corresponding children to the left of the 'B.'

In the second panel (Step 2), you record a 'P' in each of the months of pregnancy prior to each live birth. For Abdullah, the pregnancy extends from January 1996 to August 1996, while for Ahmad, it is from July 1997 to January 1998 (before the month of birth).

Step 1

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Abdullah	Sept. 18, 1996	1	SEP 1996	B
Ahmad	Feb. 25, 1998	1	FEB 1998	B

Step 2

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Pregnant	Jan. - Sept. 18, 1996	8	JAN - AUG 1996	P
Abdullah	Sept. 18, 1996	1	SEP 1996	B
Pregnant	July 1997 - Feb. 25, 1998	7	JUL 1997 - JAN 1998	P
Ahmad	Feb. 25, 1998	1	FEB 1998	B

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS
P PREGNANCIES
T TERMINATIONS

	12 DEC	01	
	11 NOV	02	
	10 OCT	03	
	09 SEP	04	
2	08 AUG	05	
0	07 JUL	06	
0	06 JUN	07	
0	05 MAY	08	
	04 APR	09	
	03 MAR	10	
	02 FEB	11	
	01 JAN	12	

	12 DEC	13	
	11 NOV	14	
	10 OCT	15	
	09 SEP	16	
1	08 AUG	17	
9	07 JUL	18	
9	06 JUN	19	
9	05 MAY	20	
	04 APR	21	
	03 MAR	22	
	02 FEB	23	
	01 JAN	24	

	12 DEC	25	
	11 NOV	26	
	10 OCT	27	
	09 SEP	28	
1	08 AUG	29	
9	07 JUL	30	
9	06 JUN	31	
8	05 MAY	32	
	04 APR	33	
	03 MAR	34	
	02 FEB	35	B
	01 JAN	36	P

Ahmad

	12 DEC	37	
	11 NOV	38	
	10 OCT	39	
	09 SEP	40	
1	08 AUG	41	
9	07 JUL	42	P
9	06 JUN	43	
7	05 MAY	44	
	04 APR	45	
	03 MAR	46	
	02 FEB	47	
	01 JAN	48	

	12 DEC	49	
	11 NOV	50	
	10 OCT	51	
	09 SEP	52	B
1	08 AUG	53	P
9	07 JUL	54	
9	06 JUN	55	
6	05 MAY	56	
	04 APR	57	
	03 MAR	58	
	02 FEB	59	P
	01 JAN	60	P

Abdullah

	12 DEC	61	
	11 NOV	62	
	10 OCT	63	
	09 SEP	64	
1	08 AUG	65	
9	07 JUL	66	
9	06 JUN	67	
5	05 MAY	68	
	04 APR	69	
	03 MAR	70	
	02 FEB	71	
	01 JAN	72	

Case #2: two live births and one pregnancy termination.

In this example, the respondent had two births since January 1995. The first was Agnes, born on September 18, 1995, and the second was Barbara, born on February 25, 1997. The respondent had a miscarriage in June 1999, in her third month of pregnancy.

The panel shows the dates of birth of the children, which are obtained from Q. 215 in the birth history. For Agnes, the pregnancy extends from January 1995 to August 1995, while for Barbara, the pregnancy extends from July 1996 to January 1997 (before the month of birth). Record two 'P's in April and May 1999 and a 'T' in June 1999.

WOMAN'S RESPONSE		NO. OF MONTHS	ENTRY IN CALENDAR	
			COLUMN (1)	
EVENT	DATE		MONTHS	CODE
Pregnant	Jan. - Sept. 18, 1995	8	JAN - AUG 1995	P
Agnes	Sept. 18, 1995	1	SEP 1995	B
Pregnant	July 1996 - Feb. 25, 1997	7	JUL 1996 - JAN 1997	P
Barbara	Feb. 25, 1997	1	FEB 1997	B
Pregnant	April - May, 1999	2	APRIL - MAY 1999	P
Pregnancy termination	June 1999	1	JUN 1999	T

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS
P PREGNANCIES
T TERMINATIONS

12 DEC	01	
11 NOV	02	
10 OCT	03	
09 SEP	04	
2 08 AUG	05	
0 07 JUL	06	
0 06 JUN	07	
0 05 MAY	08	
04 APR	09	
03 MAR	10	
02 FEB	11	
01 JAN	12	

12 DEC	13	
11 NOV	14	
10 OCT	15	
09 SEP	16	
1 08 AUG	17	
9 07 JUL	18	
9 06 JUN	19	
9 05 MAY	20	
04 APR	21	
03 MAR	22	
02 FEB	23	
01 JAN	24	

T
P
P

12 DEC	25	
11 NOV	26	
10 OCT	27	
09 SEP	28	
1 08 AUG	29	
9 07 JUL	30	
9 06 JUN	31	
8 05 MAY	32	
04 APR	33	
03 MAR	34	
02 FEB	35	
01 JAN	36	

12 DEC	37	
11 NOV	38	
10 OCT	39	
09 SEP	40	
1 08 AUG	41	
9 07 JUL	42	
9 06 JUN	43	
7 05 MAY	44	
04 APR	45	
03 MAR	46	
02 FEB	47	
01 JAN	48	

Barbara

B
P

12 DEC	49	
11 NOV	50	
10 OCT	51	
09 SEP	52	
1 08 AUG	53	
9 07 JUL	54	
9 06 JUN	55	
6 05 MAY	56	
04 APR	57	
03 MAR	58	
02 FEB	59	
01 JAN	60	

B
P
P

12 DEC	61	
11 NOV	62	
10 OCT	63	
09 SEP	64	
1 08 AUG	65	
9 07 JUL	66	
9 06 JUN	67	
5 05 MAY	68	
04 APR	69	
03 MAR	70	
02 FEB	71	
01 JAN	72	

Agnes

B
P
P
P
P
P

VII. WOMEN'S QUESTIONNAIRE

The Women's Questionnaire consists of eight sections as follows:

- Section 1: Respondent's Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Health of Children
 - 4A: Pregnancy, Postnatal Care and Breastfeeding
 - 4B: Immunization, Health and Nutrition
- Section 5: Marriage and Sexual Activity
- Section 6: Fertility Preferences
- Section 7: Husband's Background and Woman's Work
- Section 8: HIV/AIDS and Other Sexually Transmitted Infections

The Women's Questionnaire has a cover page to record identification information and interview results. At this point, you should have completed the information identifying the eligible woman you are to interview. You will be filling in the area labeled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

Before you begin the individual interview, ask the respondent to collect all the birth certificates and health/immunization cards that she has for her children. It is important that you examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

A. SECTION 1: RESPONDENT'S BACKGROUND

INFORMED CONSENT

The respondent's consent for participation in the survey must be obtained before you can begin interviewing her. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey and the voluntary nature of the respondent's participation and then seeks her cooperation. After reading the statement, you (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent. Then circle '1' if the woman agrees to be interviewed and proceed with Q.101. If the woman does not agree to be interviewed, circle '2,' thank the respondent, and end the interview. Then write '4' (REFUSED) in the cover sheet.

In this section we obtain some general background information about the respondent.

Q. 101: TIME

Record the time of the day you start the women's interview. If the hour or minutes are less than 10, put a zero in the first box. Record the time in hours and minutes, using the 24-hour system. So if it is 1:00 PM or later, you would add 12 to the current hour.

Half past nine in the morning is:

HOUR

0	9
3	0

MINUTES

Half past four in the afternoon is:

HOUR

1	6
3	0

MINUTES

Q. 102: CHILDHOOD RESIDENCE

Record the respondent's answer about the type of place she lived in for most of the time as a young girl. Note that we want the type of place, not the name of the place. If she tells you a name, probe by saying, "Was (NAME) a city, a town, or in the countryside?" Also, it may be that she is currently living in the place she grew up in but that the area has grown from being a town when she was young to a city today. Or it may have been rural then but is a town now. In either case, circle whatever type of place it was when she was a young girl. Note that we are asking about the place she lived in for most of the time. If she lived in more than one place before the age of 12, ask her in which place she lived the longest.

Q. 103: LENGTH OF RESIDENCE

This question asks how long the woman has been living in her current place of residence. Here, "living continuously" means without having moved away. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away. If she has always lived in her current place of residence (that is, she has never lived in any other place), circle '95.' If she is a visitor, circle '96' for VISITOR. If either '95' or '96' is circled, leave the two code boxes blank and skip to Q.105. However, if she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she moved to this place). Record her answer in completed years. If the answer is "three and one-half years," write '03.' If the answer is less than one year, write '00.'

Q. 104: TYPE OF PRIOR RESIDENCE

This question is similar to Q.102, except it is for the place the woman lived just before she moved to her current residence. If she has lived in more than one place before, we want to know which type of place was the last one before her current place. That is why we say "just before."

Q. 105: MONTH AND YEAR OF BIRTH

Questions 105 and 106 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Women's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' etc.

If she does not know her month of birth, circle '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth. If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card, horoscope, or a birth or baptismal certificate that might give her date of birth. Only when it is absolutely impossible to even estimate the year of birth should you circle '9998' for DON'T KNOW YEAR.

Q. 106: AGE

[In countries that use calendars other than the Gregorian calendar, a conversion chart from one calendar to the other should be included in this manual.]

This is one of the most important questions in the interview, since almost all analysis of the data depends on the respondent's age. For example, two of the most important results of the survey, fertility rates and the proportion of women who use family planning, are calculated by the age of women.

You must obtain the respondent's age in completed years, that is, her age at her last birthday. You must record an age for the woman and you can do this in one of four ways, depending on the type of information you get from the respondent:

- 1) The woman knows her age.
If the woman tells you her age, simply write it in the space provided.
- 2) The woman does not know her age, but year of birth is reported in Q. 105.
If the woman does not know her age, but she did report a year of birth in Q. 105, then you may compute her age as follows. If the woman has had her birthday in the current year, subtract the year of birth from the current year [2000]. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year [1999]. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year [2000].
- 3) The woman does not know her age, and year of birth is not reported in Q. 105.
If the woman does not know her age and she could not report a year of birth, you will have to probe to try to estimate her age. Probing for ages is time consuming and sometimes tedious; however, it is important that you take the time to try to get the best possible information. There are several ways to probe for age:
 - a) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child. For example, if she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.
 - b) You might be able to relate her age to that of someone else in the household whose age is more reliably known.
 - c) Try to determine how old she was at the time of an important event such as a war, flood, earthquake, or change in political regime, and add her age at that time to the number of years that have passed since the event.
- 4) The woman does not know her age, and probing did not help.
If probing does not help in determining the respondent's age, and date of birth was not recorded in Q. 105, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Remember, you **MUST** fill in an answer to Q. 106.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You must now check the consistency of the reported year of birth (Q. 105) and age (Q. 106). The woman's age plus her year of birth must equal the year in which she last had a birthday. There are two methods for checking whether the age and year of birth are consistent—the arithmetic method and the chart method. You may use either method, but do not perform the check until after you have asked Qs. 105 and 106.

I. Arithmetic method. You will choose the procedure explained in 1a or 1b to do the arithmetic, depending on the type of information you have recorded in Q. 105. Use the margins of the questionnaire to do the necessary arithmetic.

- 1a. IF BOTH MONTH AND YEAR ARE RECORDED IN Q.105. If the month of birth is before the month of interview (she has had her birthday this year), then her age plus her year of birth should equal the year of interview [2000]. If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year [1999]. If the month of birth is the same as the month of interview, then a sum of either [1999] or [2000] is acceptable. If the sum is incorrect, then either the year of birth or the age (or both) are incorrect and need to be corrected. If the sum is off by exactly one year, then it is also possible that the month of birth is incorrect and the other information is accurate. In such cases, the age and the month and year of birth all need to be reviewed to see where the error lies.

EXAMPLE: If a respondent tells you that she was born in January 1955, she is [45] years old, and you are interviewing her in July [2000], you would add 1955 to [45]. If the information the respondent gave you is consistent, the sum should be [2000], since July comes after January. If another respondent tells you that she was born in December 1968 and she is [31] years old, the sum should equal [1999] since she will not become a full year older until December (July is before December).

- 1b. IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 105. Add the year of birth to the respondent's age and accept a sum of either [1999] or [2000]. For example, if she says she was born in 1970, but she does not know the month, she should be either [29] (since $1970 + [29] = [1999]$) or [30] (since $1970 + [30] = [2000]$). If the sum does not equal either [1999] or [2000], probe to find out whether the year of birth or age is incorrect.
2. HOW TO CORRECT INCONSISTENT ANSWERS. If the age plus the year of birth do not add to [1999] or [2000] as appropriate, probe to get consistent information. For example, if the sum equals [1998] and it should be [1999], then you need to add 1 to either the age or the year of birth after checking with the respondent to see which one is wrong. If the sum adds to [2002] and it should be [2000], you need to subtract 2 from either the age or the year of birth or else subtract 1 from both the age and the year of birth. It is important to understand that either the age or year of birth or both may be incorrect.

II. Chart method. Use the Age/Birth-Date Consistency Chart (Figure 2) to check consistency. You will choose the procedure explained in 1a or 1b, depending on the type of information you have recorded in Q.105.

- 1a. IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 105. Enter the chart at the age you recorded in Q. 106. If the month of birth is before the month of interview (she has already had her birthday this year), use the right hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use

FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN [2000]

Current Age	Year of Birth	
	Has not had birthday in 2000	Has already had birthday in 2000
	Don't Know	
0	1999	--
1	1998	1999
2	1997	1998
3	1996	1997
4	1995	1996
5	1994	1995
6	1993	1994
7	1992	1993
8	1991	1992
9	1990	1991
10	1989	1990
11	1988	1989
12	1987	1988
13	1986	1987
14	1985	1986
15	1984	1985
16	1983	1984
17	1982	1983
18	1981	1982
19	1980	1981
20	1979	1980
21	1978	1979
22	1977	1978
23	1976	1977
24	1975	1976
25	1974	1975
26	1973	1974
27	1972	1973
28	1971	1972
29	1970	1971

Current Age	Year of Birth	
	Has not had birthday in 2000	Has already had birthday in 2000
	Don't Know	
30	1969	1970
31	1968	1969
32	1967	1968
33	1966	1967
34	1965	1966
35	1964	1965
36	1963	1964
37	1962	1963
38	1961	1962
39	1960	1961
40	1959	1960
41	1958	1959
42	1957	1958
43	1956	1957
44	1955	1956
45	1954	1955
46	1953	1954
47	1952	1953
48	1951	1952
49	1950	1951
50	1949	1950
51	1948	1949
52	1947	1948
53	1946	1947
54	1945	1946
55	1944	1945
56	1943	1944
57	1942	1943
58	1941	1942
59	1940	1941

[Chart needs to be reconstructed for surveys in later years]

the left hand column to see what year of birth is consistent with that age. If the year of birth recorded in Q. 105 is not the same as the year of birth in the chart, then Qs. 105 and 106 are inconsistent and you will have to make a correction.

- 1b. IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 105. Enter the chart at the age you recorded in Q. 106. The year of birth listed in either the left or right hand column is consistent with that age. If the year of birth recorded in Q. 105 is not the same as one of the two years of birth recorded in the chart, then Qs. 105 and 106 are inconsistent and you will have to make a correction.
2. HOW TO CORRECT INCONSISTENT ANSWERS. If the recorded year of birth (Q. 105) does not agree with the year in the chart, you must correct the inconsistency. Do this by further probing and adjusting either the age information, the date information, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 or older than 49, you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation; write INELIGIBLE on the cover page of the questionnaire, and correct the age and eligibility information for this woman in Columns (7) and (8) on the Household Questionnaire.

Note: The only time you will go back to correct information recorded on the Household Questionnaire will be to correct information that affects the eligibility status of a woman. When this happens, you have to correct the total number of eligible women reported in two places: on the cover page of the Household Questionnaire and on your Interviewer's Assignment Sheet.

Q. 107: EVER ATTENDED SCHOOL

The term "school" means formal schooling, which includes primary, secondary, and postsecondary schooling, and any other intermediate levels of schooling in the formal school system.⁹ This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

Q. 108: HIGHEST LEVEL ATTENDED

Record the highest level she ever attended, regardless of whether or not the year was completed. For example, if she attended Form/Year 1 of secondary school for only two weeks, record SECONDARY.

Q. 109: HIGHEST GRADE/FORM/YEAR COMPLETED

For this question, record only the number of years that the respondent successfully completed at that level. For example, if a woman was attending Form/Year 3 of secondary school and left school before completing that year, record '02.' Although Form/Year 3 was the highest year she attended, she completed two years of secondary school. Note that you will record the number of years completed at the level that was recorded in Q.108. If she attended only two weeks of Form/Year 1 of secondary school, record '00' for completed years.

⁹Questions on education should be adapted according to the education system in each country.

Q. 111: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for the sentences in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, circle '4,' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

Q. 112: LITERACY PROGRAM

This question asks about participation in any kind of program (except primary school) that includes learning to read or write as part of the program. Included might be literacy programs, health and nutrition programs, microenterprise programs, business cooperatives, etc., as long as learning to read or write is a part of the program.

Q. 114: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply whether she usually reads them and how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 115: RADIO LISTENING

If there is any doubt as to whether she listens almost every day, use your judgment. For example, if she says "I listen almost every day, but during the planting season, I'm away and I don't listen at all," record ALMOST EVERY DAY, since she usually listens almost every day. It does not matter who owns the radio and what program she listens to.

Q. 116: TELEVISION WATCHING

As with Qs. 114 and 115, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television and what program she watches.

[Qs. 117 and 118: COUNTRY SPECIFIC ON RELIGION AND ETHNICITY]

B. SECTION 2: REPRODUCTION

In this section, information is collected about the births that a woman has had during her life. This is a particularly important section, and you need to be especially careful to obtain all the required information. The questions in this section can be divided into six groups:

- Qs. 201-210: Information about the total number of sons and daughters that a woman has given birth to
- Qs. 211-221: Specific information about each birth that a woman has had (date of birth, age, sex, etc.)
- Qs. 222-224: Completing the birth history table
- Q. 225: Recording births on the calendar
- Qs. 226-236: Questions about current pregnancy and earlier pregnancies
- Qs. 237-239: Questions about menstruation.

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births, even if the child no longer stays in the household and even if the child is no longer alive. Children who survived only for a few minutes (and showed signs of life by crying, breathing, or moving) should also be recorded.

It is also important to understand which events should not be recorded. You must not record adopted children or children of the husband to whom the respondent did not give birth herself. Also, you must not record children who were born dead, miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. If the answer is YES, circle '1' and proceed to the next question. If the answer is NO, circle '2' and skip to Q. 206. You must ask Q. 206 even if the respondent says she has never given birth because she may have neglected to tell you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are those who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors). If the answer to this question is NO, skip to Q. 204 and leave Q. 203 blank.

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

If the answer to Q. 202 is 'YES,' fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN children and not in foster children, children of her husband by

another woman, or children of a relative. Note that it is never correct to record '00' in the boxes for both sons and daughters since women with no children living at home skip Q. 203.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to her sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write '00' in the boxes for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers 'NO,' it is important to probe by asking, "Any baby who cried or showed signs of life but survived only a few hours or days?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know that the subject is painful, but the information is important.

Q. 208: TOTAL BIRTHS

Add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Ask the respondent whether the total is correct. If she says 'NO,' first check your addition, and then go through the list to check with the respondent whether you have obtained the information correctly. For example, starting with Q. 203, you would ask, "You have two sons and one daughter living with you. Is that correct?" Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

BIRTH HISTORY TABLE: Qs. 211-221

In this table, we want a complete list of all the births she has had in the order in which they occurred. Begin the section with Q. 211 to inform the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths. Ask the name of each child in Q. 212, beginning with the first born and continuing until the last born. Record all the names in Q. 212, one in each row (see Figure 3). If the respondent has had two or more births, make it clear to her that she should start with the first birth she had and proceed in order to her last birth. She should not tell you first about all the living children, and then about all those who have died; she must proceed in chronological order whether or not a child is now alive. Then ask the respondent whether any of these were multiple births (e.g., twins) and record single or multiple birth status for each child in Q. 213.

After recording the names and single/multiple birth status for all the children, go back to the first child and ask Qs. 214-221 as appropriate. Then ask these questions for the second child and so on; you will complete the row for one child at a time. If, after you fill in information for several births, you find that they are not in order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order. Record twins on separate lines.

FIGURE 3. BIRTH HISTORY TABLE

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR,' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 Martha D.	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH 01 YEAR 1998	YES... 1 NO... 2 220	AGE IN YEARS 11	YES... 1 NO... 2	LINE NUMBER 03 (NEXT BIRTH)	DAYS... 1 MONTHS... 2 YEARS... 3	
02 John D.	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH 04 YEAR 1990	YES... 1 NO... 2 220	AGE IN YEARS	YES... 1 NO... 2	LINE NUMBER (GO TO 221)	DAYS... 000 MONTHS... 2 YEARS... 3	YES... 1 NO... 2
03 Peter D.	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH 04 YEAR 1990	YES... 1 NO... 2 220	AGE IN YEARS 09	YES... 1 NO... 2	LINE NUMBER 04 (GO TO 221)	DAYS... 1 MONTHS... 2 YEARS... 3	YES... 1 NO... 2
04 Anne D.	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH 09 YEAR 1992	YES... 1 NO... 2 220	AGE IN YEARS 06	YES... 1 NO... 2	LINE NUMBER 05 (GO TO 221)	DAYS... 1 MONTHS... 2 YEARS... 3	YES... 1 NO... 2
05	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH YEAR	YES... 1 NO... 2 220	AGE IN YEARS	YES... 1 NO... 2	LINE NUMBER (GO TO 221)	DAYS... 1 MONTHS... 2 YEARS... 3	YES... 1 NO... 2
06	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH YEAR	YES... 1 NO... 2 220	AGE IN YEARS	YES... 1 NO... 2	LINE NUMBER (GO TO 221)	DAYS... 1 MONTHS... 2 YEARS... 3	YES... 1 NO... 2
07	SING... 1 MULT... 2	BOY... 1 GIRL... 2	MONTH YEAR	YES... 1 NO... 2 220	AGE IN YEARS	YES... 1 NO... 2	LINE NUMBER (GO TO 221)	DAYS... 1 MONTHS... 2 YEARS... 3	YES... 1 NO... 2

Q. 212: CHILD'S NAME

First, ask for the name of the respondent's firstborn child and write it in the first row. Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write "Harvey Johnson" and "Matilda J.," not "H. Johnson" and "M. Johnson." If the baby never had a name, either because it is still very young or because it died very young, write "Baby" for the name. Record the names of all her births in chronological order before going to the next question.

Q. 213: SINGLE OR MULTIPLE BIRTHS

Ask the respondent whether any of her births were multiple births and record the status of each child. If a child is a multiple birth, be sure to record the twin (or triplet, etc.) on a separate line. After you have completed Qs. 212 and 213 for all births, you are ready to proceed with Qs. 214-221 for one child at a time.

Q. 214: CHILD'S SEX

Circle the code for the sex of the child. Although you can usually tell the sex from the name, check with the respondent by saying, for example, "and Joyce is a girl?" Do not assume the sex of the child from the name.

Q. 215: MONTH AND YEAR OF BIRTH

Write the month and year of each birth. If she gives you a year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 1987, but she doesn't know which month, ask her whether she gave birth in the [dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, during the month of Ramadan, or during some other significant event/season of the year] to try to determine the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, write '98' for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. Check the documents collected at the beginning of the interview, such as the birth certificate or immunization record, to see whether a date of birth was recorded. Before entering a date from these documents, check with the respondent to determine whether she believes the date is accurate. If there is no birth certificate or other document for the child, see whether the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 1985 and the first child was just a year old at that time, enter '1984.' You must enter a year for all children, even if it is just your best estimate.

Q. 216: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, skip to Q. 220. If alive, ask Q. 217.

Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years. For example, a child who will become three years old next week should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was John born?" You can also use other available information. For example, you

can relate John's age to the age of a child she does know. For example, the mother may know that her youngest child was born one year ago and that John was two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q.217. Check their consistency by using the procedures explained for Qs. 105 and 106 of this manual (you can use either the arithmetic procedure or the Age/Birth-Date Consistency Chart). Both procedures are explained after Qs. 105 and 106.

The arithmetic procedure is summarized here. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should be [2000]. If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be [1999]. If the child's month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either [1999] or [2000].

If year of birth plus age do not add to [1999] or [2000] as appropriate, probe to get consistent information. For example, if the sum equals [1998] and it should be [1999], then you need to add 1 to either the age or the year of birth after checking with the respondent to see which one is wrong. If the sum adds to [2001] and it should be [1999], you need to subtract 2 from either the age or the year of birth or else subtract 1 from both the age and the year of birth.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their own mother. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: LINE NUMBER OF CHILD

Write the Line Number of the child as in Column (1) of the Household Schedule. If the child does not live in the household, enter '00' in the boxes. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule and record the Line Number in Q. 219. Remember that after recording Q. 219 for the first child, you will proceed with Q. 214 for the next birth. After recording Q. 219 for any birth after the first child, you will go to Q. 221. If you are following the skip pattern correctly, you will only be asking Q. 219 for living children.

Be careful with this question, since errors in the Line Numbers cause problems during data processing.

Q. 220: AGE AT DEATH

For children who have died, you must record information about age at death even if the information is only a best estimate. Age at death information is recorded either in days, months, or years. If the child was less than one month old at death, circle '1' and write the answer in DAYS. If the child was less than two years old, but at least one month old when he or she died, circle '2' and write the answer in MONTHS. If the child was two years old or older when he or she died, circle '3' and write the answer in YEARS. (Note: You should never record '00' months or '00' or '01' years if the interviewer instruction is followed correctly.)

Here are some examples of how to record age at death:

RESPONSE

CORRECT ENTRY

"She was 3 years old when she died."

DAYS	1		
MONTHS	2		
YEARS	3	0	3

"He was only 6 months old."

DAYS	1		
MONTHS	2	0	6
YEARS	3		

"She died when she was 5 days old."

DAYS	1	0	5
MONTHS	2		
YEARS	3		

"He was 4 and a half months old."

DAYS	1		
MONTHS	2	0	4
YEARS	3		

"He was 2 weeks old when he passed away."

After probing, you learn that the baby was actually 12 days old when he died.

DAYS	1	1	2
MONTHS	2		
YEARS	3		

"She died on the same day she was born."

DAYS	1	0	0
MONTHS	2		
YEARS	3		

You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04.' Note that if the respondent gives you an answer in weeks, you must convert the answer to days or months. If the answer is less than one month (less than four weeks), probe to find out the exact age at death in days. For example, if the answer is "three weeks," probe for the number of days. If the mother says 19 days, record DAYS '19.' If the answer is one or more months (four weeks or more), you would convert the answer to months. An answer of "seven weeks" would be recorded as MONTHS '01.'

Similarly, if the respondent answers "one year," you need to probe to find the exact number of months. We know that if a child died at the age of 10, 11, 12, 13, or 14 months, a woman is likely to round off her answer because she does not know that we need the exact age. This means that she is likely to respond "one year old" even if the child really was 10 months or 13 months old. Therefore, anytime a woman responds "one year" to this question, probe by asking, "How many months old was (NAME)?" Record the answer in completed months.

"She died when she was one year old."

After probing, you may learn that the child was actually 13 months old.

DAYS	1		
MONTHS	2	1	3
YEARS	3		

Note that this is a table of children who were born alive. If the respondent says that the baby was not alive when it was born, probe by saying, "Did the baby cry or show any sign of life when it was born?" If she says the baby was dead when it was born, cross out the entry in the table. Make sure to renumber the birth order numbers when this occurs.

If you are following the skip pattern correctly, you will only be asking this question for children who have died.

Q. 221: LIVE BIRTHS IN INTERVAL

The purpose of this question is to make sure that we have not missed any of the respondent's own births. Ask the respondent whether there were any live births that may have occurred between the two births. For example, a respondent tells you that Mohamed was born in 1991 and Ahmad was born in 1994. Ask Q. 221: "Were there any other live births between the birth of Mohamed and Ahmad?"

If the woman tells you there was a birth after Mohamed and before Ahmad, record YES in Q. 221 and add that birth to the end of the birth history. Draw an arrow showing the birth's proper location, correct the birth order numbers in Q. 212, and ask Qs. 213-221 for that birth. You may also have to correct the information in Qs. 202-209. If, however, the woman tells you there was no birth between Mohamed and Ahmad, record NO in Q. 221. Then proceed with Q. 214 for the next birth (or go to Q. 222 if Ahmad was the last birth).

Qs. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth. For example, if Ahmad is reported to be her last birth, and he was born in 1994, ask, "Have you had any live births since the birth of Ahmad?"

If the woman tells you there was a birth since Ahmad, add that birth to the end of the birth history. Then ask Qs. 213-221 for that birth, and you may also have to correct the information in Qs. 202-209. If, however, there was no birth after Ahmad, record NO.

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code '98' for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer, even if it is only your best estimate. It is very important to obtain information for these questions, so you must probe for this information and make your best estimate on the basis of the woman's answers.
- 2) Recording of information on twins. If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.

- 3) Recording information for more than 12 births. There are lines for 12 births on the table. If in an exceptional case, you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE. Write the word CONTINUATION and the identification information on the cover sheet of the second questionnaire. Then change the number '01' on the birth history in the second questionnaire to a '13' and so on. After you have recorded information in the birth history for these additional births, return to the first questionnaire to complete the interview.
- 4) Correcting of reported sequence of births. If you find that the respondent reports a birth that is not in order of birth, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and June 1994, probe and correct dates. Either the December birth occurred earlier or the June birth occurred later, or both.

Q. 223: CHECK ON THE CONSISTENCY OF TOTAL BIRTHS

Check that the number in Q. 208 is the same as the number of births listed on the table. If the number in Q. 208 is the same as the number of births recorded on the table, mark the box labeled NUMBERS ARE SAME and proceed with the rest of Q. 223. If the number recorded in Q. 208 is not the same as the number of births in the table, mark the box labeled NUMBERS ARE DIFFERENT. Then you must probe to find the cause of the difference and correct it before you continue with the rest of Q. 223. When properly completed, your questionnaire must always have the same number of births in the table as the number recorded in Q. 208. When this is so, mark the box NUMBERS ARE SAME. The rest of Q. 223 is to check that you have filled in the birth history table correctly.

FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED

Look back to Q. 215 to check that every birth has a year of birth recorded. After a year of birth is recorded for every birth, mark the box to the right of the statement.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED

Look back to Qs. 216 and 217. For every child that is still alive (Q. 216 is YES), there must be an age recorded in Q. 217. When you have checked that an age is recorded for every living child, mark the box to the right of the statement. (If, after checking the table, you see that there are no living children, you still mark the box to show you have gone back to check the table.)

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

Look back to Qs. 216 and 220. For every child that is dead (Q. 216 is NO), there must be an age at death recorded in Q. 220. When you have checked that an age at death is recorded for every dead child, mark the box to the right of the statement. (If, after checking the table, you see that there are no dead children, you still mark the box to show you have gone back to check the table.)

FOR AGE AT DEATH 12 MONTHS OR ONE YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS

Look back to Q. 220. If the age at death is reported to be 12 months, probe to determine whether the child died at exactly 12 months, or earlier or later. For example, ask the respondent whether the child had reached

his first birthday before he died. For any dead child who died at an age less than two years (but at least one month), the age at death must be recorded in months. This means that any child with a recorded age at death of YEARS '01' should be probed for the exact number of months. No child should be recorded as dying at one year.

Q. 224: FILTER FOR BIRTHS IN [1995] OR LATER

Look back to Q. 215, count how many births occurred in [1995] or later, and record this number in the box. You must include all births in [1995] or later, even if they later died.

Q. 225: BIRTHS ON CALENDAR

Each birth in [1995] or later should be entered on the calendar. In Column (1), place a 'B' in the month of birth, ask the number of months the pregnancy lasted, and record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that pregnancy lasted. Then write the child's name in front of the 'B' code.

Q. 226: CURRENT PREGNANCY STATUS

If the respondent does not know for certain whether or not she is pregnant, circle '8' (UNSURE).

Q. 227: MONTHS OF PREGNANCY

If the woman does not know how many months she has been pregnant, probe to get an estimate. Remember that we are interested in completed months of pregnancy. To make sure that you are getting completed months of pregnancy, probe with a question like, "Are you in your Xth month of pregnancy, or have you completed your Xth month of pregnancy?" Record the answer, putting a zero in the first box, if she has completed nine or fewer months of pregnancy. For example, record '03' for three completed months.

You will now record her pregnancy in Column (1) of the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 227, the number of completed months of pregnancy.

Q. 228: DESIRED TIMING OF PREGNANCY

Read the entire question to the respondent before accepting an answer, stressing the underlined words.

Q. 229: LOST PREGNANCIES

We want to know whether the respondent had any pregnancies that did not result in a live birth, so we ask about each type of lost pregnancy. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child who showed no signs of life, it was a stillbirth.

Q. 230: DATE OF LAST PREGNANCY LOSS

If she has ever lost a pregnancy, write the month and year that the most recent such pregnancy ended. Follow the same procedure for converting months to a number, for example, '08' for August. If the woman cannot remember the date, use probes discussed in Q. 215.

Q. 231: FILTER FOR DATE OF PREGNANCY LOSS

Check the answer to Q. 230 and mark the appropriate box. If the last pregnancy loss occurred before January [1995], mark the box on the right. If the last pregnancy loss occurred in or after January [1995], mark the box on the left. Follow the appropriate skip pattern.

Q. 232: GESTATION LENGTH

This question is asked only of women who lost a pregnancy in January [1995] or later. There are two parts to this question: first record the length of the last lost pregnancy in the boxes provided and then record the pregnancy in Column (1) of the calendar. As with Q. 228, record the number of completed months. The number of months recorded in the questionnaire should equal the total recorded in the calendar.

If the woman responds in weeks, you will have to convert the answer to months. For example, if she says the pregnancy ended at 14 weeks, record '03.' Then continue with the calendar. In Column (1), place a 'T' in the month the pregnancy terminated (given in Q. 230) and a 'P' in each of the two preceding months that the woman was pregnant. If a woman says she had an abortion after 10 weeks of pregnancy, you would record '02' in Q. 232 and place a 'T' in the month the pregnancy was terminated and a 'P' in the month preceding the month of termination; one 'T' and one 'P' reflect two completed months.

Q. 233: OTHER PREGNANCY LOSSES

The respondent has told you about one pregnancy loss in Qs. 229-232. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth).

Q. 234: ENTER LOST PREGNANCIES ON CALENDAR

Ask when the other pregnancy/pregnancies ended. Any pregnancy that ended in January [1995] or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Q. 232.

Q. 235: NONLIVE-BIRTH PREGNANCY PRIOR TO [1995]

This question refers to pregnancies that ended before 1995 that did not result in a live birth. If she had one nonlive-birth pregnancy that started in November [1994] but ended in February [1995], circle '2' for NO because the pregnancy did not end before [1995]. Of course this pregnancy should already have been included in the calendar from January to February [1995].

Q. 236: DATE OF TERMINATION OF LAST LOST PREGNANCY

Record the month and year of termination of the last nonlive-birth pregnancy prior to January [1995]. Follow the same procedure for converting months to a number, for example, '02' for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

Q. 237: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy. Record the respondent's answer in the units that she uses. For example, if she says "three weeks ago," circle '2' and record WEEKS AGO '03.' If she says "Four days ago," circle '1' and record DAYS AGO '04.' If the respondent appears to be rounding off her answer, probe

for an exact answer. For example, if she says “About a week ago,” say, “Do you remember which day? Was it before or after the weekend?”

If the respondent gives you the date that her last menstrual period began, write the date in the space provided on the questionnaire. Calculate the amount of time that has passed, and record it. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date. If she tells you she is in menopause, record IN MENOPAUSE. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

Qs. 238 and 239: KNOWLEDGE OF PREGNANCY IN MONTHLY CYCLE

First, ask Q. 238 to see whether the woman thinks there are times during a woman’s monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another, or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 239.

C. SECTION 3: CONTRACEPTION

This section collects information on the knowledge and use of various contraceptive methods, how a couple can avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Questions about the use of methods of contraception apply to all partners of respondents, whether or not the couple is currently living together or married. If the respondent has been married more than once, it does not matter with which particular husband or partner she may have used a method.

GENERAL NOTE ON CONTRACEPTIVE TABLE

The contraceptive table asks the respondent about her knowledge, as well as use, of specific contraceptive methods. In the first column of the table, you will record the respondent’s knowledge of specific methods, while in the second column, you will record whether she has ever used any of the methods that she has heard of.

This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table. Then read Q. 301 and wait for the respondent to mention the contraceptive methods she knows about. Circle ‘1’ in the first column for each method that she mentions.
- 2) Now proceed down the list of methods, asking Q. 301 for any methods that the respondent did not mention, circling ‘1’ if she knows the method and ‘2’ if she does not know the method.
- 3) After you have completed the list of methods asking about knowledge, return to the top of the list and ask Q. 302 (ever use) for each method that the respondent has heard of.

It is important that you follow the above procedure of first asking about knowledge for all methods before asking about use, so that the respondent does not become confused about whether you are asking about knowledge or use of a particular method.

Q. 301: KNOWLEDGE OF WAYS TO DELAY/AVOID PREGNANCY

This is a general question to find out which contraceptive methods the respondent has heard of. Read the statement at the top of the table: “Now I would like to talk about family planning—the various ways or methods. . .” Then read Q. 301: “Which ways or methods have you heard about?” Wait for the woman to tell you which methods she knows about. Circle ‘1’ for YES, for each method that she mentions “spontaneously.” If she mentions a traditional or folk method (such as herbs) or any method not listed on the table, circle ‘1’ for Method 15 at the bottom of the table and write the name(s) of the method(s) in the space provided (Figure 4). If she mentions more than two other methods for Method 15, record only the first two methods mentioned.

After you have recorded all methods the respondent mentioned spontaneously, for each method the respondent did not mention spontaneously, ask whether she has ever heard of the method. For example, if she did not mention the pill spontaneously, ask her about it now by reading the description of the method: “Have you ever heard of the pill? Women can take a pill every day to avoid becoming pregnant.” If she says she has heard of it, record ‘1’ for YES. If she has never heard of the pill, record NO by circling ‘2,’ Repeat this for each method that she did not mention spontaneously, reading the description of each method.

At first you may feel embarrassed to talk about and describe these methods, but remember, if you are embarrassed, you may increase the embarrassment of the respondent. You should keep from smiling or giggling so that you encourage her to be direct and to feel more comfortable talking with you about this subject.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail. For this, you need to have some knowledge of these contraceptive methods yourself and must be familiar with names that people use to refer to each method. Some additional information about selected methods is given below:

FEMALE STERILIZATION

There are several types of operations a woman can have that will make her sterile, for example, “tube tie” (tubal ligation) or removal of the womb, uterus, or ovaries. You should stress the phrase “an operation not to have any more children.” Operations to remove the womb or uterus are performed for reasons other than to provide contraceptive protection. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION

This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

FIGURE 4. SECTION 3. CONTRACEPTION

Now I would like to talk about family planning—the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse that can prevent pregnancy for one or more years.	YES 1 NO 2	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	YES 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 Herbs (SPECIFY) _____ (SPECIFY) _____ NO 2	YES 1 NO 2 YES 1 NO 2

INJECTABLES

An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo-Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]), is given every two months. [Monthly injectables are available in some countries.]

IMPLANTS

Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

FEMALE CONDOM

A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

DIAPHRAGM

This method is used in the vagina. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

FOAM OR JELLY

Spermicides including foam, cream, jelly, foaming tablets, or suppositories are used to kill sperm or make sperm unable to move toward the egg. You must find out whether the respondent has heard of any of these methods.

LACTATIONAL AMENORRHEA METHOD (LAM)

Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

PERIODIC ABSTINENCE

This is also called the safe period, the rhythm method, or the calendar method. Periodic abstinence is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant" while putting the question to the respondent. Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using periodic abstinence. She has to avoid sex to avoid pregnancy.

EMERGENCY CONTRACEPTION

Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called “morning-after pills.”

ANY OTHER METHODS

Women may mention traditional methods such as certain herbs or medicines. If so, write the name of the method or methods. If she mentions prolonged abstinence or breastfeeding, write these down, since she considers them methods of family planning.

Q. 302: EVER USE OF CONTRACEPTIVE METHODS

After you have completed Q. 301, you are ready to ask the respondent about use of contraception. However, before you ask Q. 302 for each method, you must first check whether the respondent reported having knowledge of the method in Q. 301. Ask Q. 302 for each method that has a ‘1’ circled, indicating that the respondent has heard of the method. Do not ask Q. 302 for methods the woman has not heard of (Code ‘2’ circled in Q. 301).

When asking about the use of female sterilization, say, “Have you ever had an operation to avoid having any more children?”

In asking Q. 302 for male methods, such as the condom and withdrawal, use the phrase, “Have you and your husband or any partner ever used (condoms/withdrawal)?” Similarly, when asking about male sterilization, say, “Have you ever had a partner who had an operation to avoid having any more children?” If she has had more than one husband or partner, we are interested in finding out whether any of them ever used condoms or withdrawal with her or was sterilized. Remember that the answer to this question is YES even if the respondent used a method for only a short time or with only one partner.

If she has named any other methods in Q. 301 (Method 15), be sure to ask whether she ever used them and record her answer in Q. 302.

Q. 303: FILTER FOR EVER USED A METHOD

This is a filter for you to screen women according to whether they have ever used any method or have never used any method. Check the answers to Q. 302 and mark the appropriate box in Q. 303. The box on the left that is labeled NOT A SINGLE “YES” is for a woman who does not have a single YES recorded in Q. 302. This would be a woman who has never used a method of contraception. The box on the right that is labeled AT LEAST ONE “YES” is for a woman who has at least one YES recorded in Q. 302. This means the woman has used at least one method of contraception. If there are no responses at all recorded in Q. 302 because the woman has never heard of any method, mark the box on the left.

Qs. 304 and 306: PROBE FOR EVER USED

The purpose of these questions is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

If the woman responds YES to Q. 304, ask Q. 306 to find out what she has used or done. Note that you should not record the answer YES to Q. 306 in the coding section to the right of the question. Instead, go back to the contraceptive table and correct Qs. 301 and 302. For example, if the woman says here that her

husband has used a condom with her, you may have to change Q. 301 in the row for the condom from Code '2' to Code '1.' Then, you must change Q. 302 to Code '1.' Finally, correct the filter in Q. 303 and then continue with Q. 307.

If the woman responds NO to Q.304, circle code '2.'

Q. 307: LIVING CHILDREN WHEN FIRST USED FAMILY PLANNING

This question refers to the number of living children the respondent already had the first time she used a method to avoid getting pregnant. If she has never given birth to a child or if she started to use family planning before she had any children, record '00.'

Qs. 310-311A: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Since methods are effective for different lengths of time, you may have some difficulty deciding whether a particular respondent is currently using a method. Coitus-related methods such as condoms, vaginal methods, and withdrawal are used with each act of intercourse, so current users of these methods will have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily. Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled. If the woman has been sterilized, you will record FEMALE STERILIZATION as the current method. Or if the woman's current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a former partner who had a vasectomy, this should not be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Check to be sure that the response to Q. 311 is consistent with the responses to Q. 301 and Q. 302. For example, the respondent may say that she is using the pill but reported in Q. 301 that she didn't know the pill or reported in Q. 302 that she has never used the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 311 as necessary.

Although it is not common, you may encounter a woman who has had a hysterectomy, which is the surgical removal of all or part of the uterus. Such a woman is unable to become pregnant and therefore does not need to use contraception to avoid pregnancy. However, because the operation is usually not performed for contraceptive reasons, we will consider a woman with a hysterectomy as a nonuser of contraception. She is similar to a woman who is menopausal. In the filter in Q. 308 you would mark the box labeled WOMAN NOT STERILIZED, and in Q. 309 mark the box labeled NOT PREGNANT. In Q. 310, record NO (she is not currently using a method of contraception), and skip to Q. 329.

Q. 312: COUNTRY-SPECIFIC QUESTIONS ON SOCIAL MARKETING PROGRAM FOR SELECTED CONTRACEPTIVE METHODS

Q. 313: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her partner's sterilization. Record her response in two ways: write the name of the place in the space provided on the questionnaire if the place is a hospital, health center, or clinic, and also circle the code that indicates what type of place it is. When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a nongovernmental organization, it should be considered the private sector. If the respondent does not know whether the place is governmental or private, inform your supervisor after you complete the interview. Since you have recorded the name of the place, your supervisor will be able to find out what type of place it is from other people in the area.

Q. 314: STERILIZATION INFORMATION

We want to know whether the woman or her partner were told that after the sterilization operation, she (or her partner) would not be able to have any (more) children. If she does not remember or if she does not know what her husband or partner was told, circle '8' for DON'T KNOW.

Q. 315: STERILIZATION MODULE

Q. 316/316A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

If the respondent does not remember the date when she or her partner had the sterilization operation, probe to help her remember. Perhaps relating it to the age and date of birth of her youngest child would help. You must get a date, even if it is just your best estimate.

For users of other family planning methods, ask when she started using the method most recently without stopping. For example, a woman started using the pill in June 1996. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 1999 and started using the pill again in March 1999. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '1999' for YEAR.

Check to see if the date is AFTER the date of the last child or the last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason, including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 317: FILTER ON DURATION OF CURRENT USE

If the year in Q. 316/316A is [1995] or later, mark the box on the left and continue to Q. 319. If the woman started using her current method in [1994] or earlier, mark the box on the right and skip to Q. 327.

Q. 319: FILTER FOR CURRENT METHOD

Look back to Q. 311/311A and circle the same method here; this is the method currently being used. Note that the method codes are not the same in the two questions.

Q. 320/320A: SOURCE OF CURRENT METHOD

Mention the current method circled in Q. 311/311A. For example, if she is using condoms with her husband, ask, "Where did you obtain the condoms the first time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If she is using

lactational amenorrhea, ask where she learned how to use the method. If the method required a prescription, this question pertains to where the prescription was filled.

Record the response in two ways: write the name in the space provided in the questionnaire if the place is a hospital, health center, or clinic and circle the code that indicates what type of place it is. If the woman tells you she got her pills from a doctor, ask her where the doctor is located. If she tells you a hospital, ask her for the name of the hospital, and write it down. Then ask her whether it is run by the government or is privately owned. Only record PRIVATE DOCTOR if the doctor has his own practice that is not located within a larger facility.

Q. 321: FILTER FOR CURRENT METHOD

Look back to Q. 311/311A and circle the same method here; this is the method currently being used. Note that the method codes are not the same in the two questions.

Qs. 322 and Q. 323: TOLD ABOUT SIDE EFFECTS AND PROBLEMS

The question asks whether at the time she obtained her current method, the respondent was told about potential side effects or problems. If there has been more than one episode of the use of the current method, ask about the time that she started using the method during the current episode of use.

Q. 323 is asked to a woman who said that she was not told about problems associated with using the current method. Ask her whether at any other time she was told of these problems.

Q. 324: WHAT TO DO IN CASE OF PROBLEMS

In this question, the respondent is asked whether she was told by the family planning provider or health worker what to do if there was a problem. For example, if the respondent says that the health worker told her to take some medication if she had too much pain during menstruation, circle '1.' If she says the health worker told her to come back if she was feeling unwell because of the method, also circle '1.'

Qs. 325 and 326: TOLD ABOUT OTHER AVAILABLE METHODS

These questions are an attempt to find out whether the respondent was told about other methods by the person who provided the current method. As in Qs. 322 and 323, Q. 325 refers to the current method, and Q. 326 is only asked if the response in Q. 325 is NO.

Q. 328: SOURCE OF CURRENT METHOD

Mention the current method circled in Q. 311. For example, if she is using condoms with her husband ask "Where did you obtain the condoms the last time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

Record the response in two ways: write the name in the space provided in the questionnaire if the place is a hospital, health center, or clinic and circle the code that indicates what type of place it is. If the woman tells you she got her pills from a doctor, ask her where the doctor is located. If she tells you a hospital, ask her for the name of the hospital, and write it down. Then ask her whether it is run by the government or is privately owned. Only record PRIVATE DOCTOR if the doctor has his own practice that is not located within a larger facility.

Q. 329: SOURCE FOR FAMILY PLANNING METHOD

This question is asked to women who have never used contraception. Ask the respondent whether she knows of a place where she can obtain a family planning method if she wants to use it. If the answer is YES, circle '1' and ask Q. 330. Otherwise, circle '2' and skip to Q. 331.

Q. 330: SOURCE FOR METHOD

As in Q. 328, record the response in two ways—write the name of the place provided on the questionnaire, and circle the code that indicates what type of place it is. Determine whether the place is run by the government (in the public sector) or in the private sector, and circle the appropriate code.

Q. 331: VISITED BY FIELDWORKER

This question is asked to ascertain whether any fieldworker visited the respondent in the last 12 months and talked to the respondent about family planning. It does not matter whether it was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. It also does not matter whether the principal purpose of the visit was to give family planning advice or services. If any fieldworker talked to her about family planning in the last 12 months, circle '1' for YES.

Q. 332: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for any purpose in the past 12 months for care for herself or her children. The visit did not have to be specifically for family planning. However, if the only visits she made were to accompany a friend, neighbor, or relative, circle '2' for NO.

Q. 333: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, circle '1' for YES.

D. SECTION 4. HEALTH OF CHILDREN

The objective of this section is to obtain information related to the health of children (both living and dead children) and the mother. The topics include antenatal care, delivery care, postnatal care, breastfeeding, child nutrition, vaccinations, and recent illnesses of young children. We ask these questions about births in the previous five calendar years as well as births in the year of the survey. Recall that in Section 2, we obtained information on all births, beginning with the woman's first birth. Because in this section, we are interested in recent births, we begin with the woman's last birth.

SECTION 4A: PREGNANCY, POSTNATAL CARE, AND BREASTFEEDING

Q. 401: FILTER FOR BIRTHS IN JANUARY [1995] OR LATER

Check Q. 224 to see whether the respondent has had one or more births in January [1995] or later. Mark the appropriate box.

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

All births since January 1 [1995] will be entered on this table. Look back to Q. 212, to the last birth (last row filled in). Fill in this Line Number, as well as the child's name, in the table heading for the LAST BIRTH in Qs. 403 and 404. Also mark whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the next five pages. Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. If the last births were twins, Judy (Line 07 in Q.212) and Jeffrey (Line 08 in Q. 212), Jeffrey should be recorded as the LAST BIRTH on this table and Judy as the NEXT-TO-LAST birth. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

When you have filled in the names and survival status of all the births in January [1995] or later, proceed to Q. 405. Ask all the relevant questions in Section 4A for the last-born child before asking these questions for the next-to-last birth, etc. Be sure to insert the name of the child where indicated when asking questions so there is no confusion as to which child you are referring to. You will not move on to Section 4B until you have asked all the appropriate questions for all the births in Section 4A.

If the respondent has had more than two births in January [1995] or later, write SEE CONTINUATION SHEET at the top of Section 4A. Take a fresh Women's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Then on the second Women's Questionnaire, change the heading of the second column from NEXT-TO-LAST BIRTH to SECOND-FROM-LAST BIRTH and then record the information for the additional birth(s). Leave the first column of the second questionnaire blank. After collecting information for the second-from-last birth in Sections 4A and 4B for all children born in January [1995] or later, return to the original questionnaire to complete the interview.

Q. 405: DESIRED TIMING OF PREGNANCY

The question is asked to ascertain whether the respondent's children were wanted or unwanted and, if wanted, whether they were born sooner than preferred. Read the entire question to the respondent before accepting an answer, stressing the underlined words.

Q. 406: HOW LONG TO WAIT

Record the answer in either months or years, and circle the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she would have liked to have waited. Record the extra time beyond her pregnancy that she would have liked to have waited before becoming pregnant. For example, if a woman became pregnant 18 months after her previous birth, and she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again, you would record '06' months ($24 - 18 = 6$).

Q. 407: ANTENATAL CHECK

This question refers to any antenatal care given by a health care provider during her pregnancy. This is to specifically check her pregnancy and not for other reasons. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman's home. This is a two-part question because if the respondent answers YES, you must ask whom she saw. Ask the woman whether she saw more than one person and record all persons seen.

Notice that the codes here are letters of the alphabet rather than numbers; letter codes are used to remind you to circle all responses that apply. If the respondent did not see anyone at all for a check on her pregnancy, only circle the code for NO ONE and skip to Q. 415; otherwise, proceed with Q. 408.

Q. 408: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time.

Q. 409: FREQUENCY OF ANTENATAL CHECKUPS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and would not include seeing a doctor or nurse for other reasons.

Q. 411: TIMING OF LAST ANTENATAL CARE

Ask the respondent how many months into her pregnancy she was when she received her last antenatal examination. It does not matter where the checkup took place or whether the respondent went to get it or the health worker came to her home.

Q. 412: TESTS PERFORMED DURING CHECKUPS

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal checkups the respondent had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

Blood pressure is measured with a medical instrument. A rubber cuff is wrapped around a person's upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure.

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various diseases, such as anemia, parasite infestations or infectious diseases.

Qs. 413 and 414: PREGNANCY COMPLICATIONS

Find out whether the health care provider during any of her antenatal checkups told the respondent problems related to pregnancy and how to detect them. If the response is YES, proceed with Q. 414. Otherwise, skip to Q. 415.

In Q. 414, ask the respondent whether the health care provider also told the respondent where to go if she experienced any of the problems.

Qs. 415 and 416: TETANUS TOXOID INJECTION

Neonatal tetanus is a disease that kills many babies. This disease can be prevented by transfer of immunity to the baby while still in the womb from a mother who has been adequately immunized. Another name for tetanus is lockjaw. If a local term exists for tetanus, it may be used in explaining the disease to the respondent. This immunization is usually given to the pregnant woman as an injection in the arm or the shoulder. If the woman received this injection during pregnancy, record the number of times in Q. 416.

Qs. 417 and 418: IRON TABLETS

Anemia is a common problem during pregnancy. This problem is easily overcome by additional intake of iron. Sometimes a pregnant woman is given a supply of iron tablets or syrup during antenatal checkups. Question 417 asks whether the woman was given any iron tablets or syrup during her pregnancy. If the woman is not aware of such tablets or syrup, probe by showing the sample tablets, and record the response. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy.

Question 418 is asked if the respondent was given or bought iron tablets/syrup (YES in Q. 417). Ask the woman for how many days during her pregnancy she took the tablets/syrup. If she does not remember, ask her to estimate. Probe for the approximate number of days. Record the response in the boxes. Remember to put a leading zero in front; 30 tablets would be '030.'

Qs. 419 and 420: VISION PROBLEMS DURING PREGNANCY

We want to know whether at any time during the pregnancy the respondent experienced problems related to her vision. During pregnancy, especially in the third trimester, a woman may suffer from night blindness due to vitamin A deficiency. Night blindness is a condition in which a person has more difficulty than normal seeing when it is dark or in low light conditions.

In Q. 419, ask the respondent whether she suffered from problems with her vision during the day, for example, blurred vision. Do not include problems such as nearsightedness or farsightedness. In Q. 420, ask her about night blindness. Be sure to use the local term for night blindness so that the woman understands what condition you are referring to.

Qs. 421 and 422: MALARIA PREVENTION

In certain areas, malaria is endemic and accounts for a significant proportion of morbidity and mortality. In such areas, pregnant women are recommended to take malaria prophylaxis throughout their pregnancy. We want to know whether the woman took precautions against malaria during her pregnancy. In Q. 421, we want to know whether she took any drugs to prevent her from getting malaria during her pregnancy. In Q. 422, record the drug(s) that she was given or bought. If she does not know which drug it was, show the samples of antimalarial drugs to the respondent. If she still cannot identify the drug, circle 'X' and write DON'T KNOW on the blank line. Note that you should circle more than one code if the respondent says that she took more than one type of drug against malaria.

Q. 423: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not try to guess the answer based on birth weight information. Simply circle '8' for DON'T KNOW.

Qs. 424 and 425: WEIGHT AT BIRTH

If the baby was not weighed at birth or if the respondent does not know whether the baby was weighed, record NO or DON'T KNOW in Q. 424 and skip to Q. 426. If the baby was weighed at birth, ask Q. 425 to find out how much the baby weighed.

Notice that in Q. 425 there are two sets of boxes for recording the birth weight; the first is GRAMS FROM CARD, and the second is GRAMS FROM RECALL. GRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. GRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

Fill in only one set of boxes and always record the birth weight from the card when possible. You will fill in the boxes for GRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. When recording the birth weight, first circle the appropriate code in front of the boxes; '1' for GRAMS FROM CARD and '2' for GRAMS FROM RECALL, and then fill in the birth weight. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Q. 426: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to insert the name of the child you are referring to, so that there is no confusion. If she is not sure of the status of the person who attended the delivery—for example, if she doesn't know whether the person was a midwife or a traditional birth attendant—probe. We want to know who assisted with the delivery itself, not who helped in other ways such as boiling water or wrapping the baby in a blanket. The codes are letters of the alphabet to remind you to circle codes for all the people she says attended her. Do not forget to ask whether any adults were present during delivery if she says that no one assisted her.

Q. 427: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. If the respondent does not know whether the place is run by the government or is private, write the name of the place and tell your supervisor. Your supervisor will learn from other people in the community whether the place is public or private and then circle the appropriate code.

Q. 428: CAESAREAN SECTION

A caesarean section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

Qs. 429-432: POSTPARTUM CHECKUP

Getting a postpartum checkup soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum checkup, how many days or weeks after the birth the first checkup took place, who performed the checkup, and where the checkup took place. Here, we are asking only about a health checkup for the mother. If someone checked on the health of the baby, but not the mother, that checkup would not be included. If the delivery took place in a health facility and the mother received a postpartum checkup in the health facility before being released, this would also be considered a postpartum checkup. In Q. 430, if the respondent answers in days, circle '1' and fill in the number of days in the boxes provided. If she answers in weeks, circle '2' and fill in the number of weeks. Remember to put a zero for numbers less than 10.

Questions 431 and 432 refer to the first checkup after the birth, so multiple answers are not allowed. If more than one person conducted the first postpartum checkup, circle the code for the highest person on the list who checked on her health.

Q. 433: VITAMIN A

Show the vitamin A ampule, capsule, or syrup and ask the respondent whether she was given vitamin A within two months after delivery.

Qs. 434-436: POSTPARTUM AMENORRHEA

After a woman has given birth, there is a length of time when she is unlikely to become pregnant again because she does not have her monthly menstrual periods (postpartum amenorrhea). Note that Q. 434 is asked about the last birth only, Q. 435 is asked for all other births, and Q. 436 is asked for both. Also note the skip pattern for Q. 434. Question 436 is only asked if the respondent's menstrual period has returned since her last birth. Record the woman's answer in Q. 436 in completed months. Remember to put a zero in the first box for a period of less than 10 months.

Qs. 438 and 439: POSTPARTUM ABSTINENCE

Couples may observe a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). If the respondent has not started having sexual intercourse after giving birth, circle '2' in Q. 438 and proceed to Q. 440. Note that Q. 439 is asked for all births in January [1995] or later. Remember to put a zero in the first box for a period of less than 10 months.

Q. 440: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 441: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, circle '000.' Otherwise, record the time in completed hours or days. For example, if the woman said she began breastfeeding within 10 minutes of the birth, circle '1' and record '00' hours. If the mother began breastfeeding within 24 hours of the birth, circle '1' and record the number of hours that passed before the baby was put to the breast. If she began breastfeeding 24 hours or more after the birth, circle '2' and record the number of days. Record in completed number of days. For example, if the baby was first breastfed 30 hours after delivery, circle '2' and record '01' days.

Qs. 442 and 443: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 443, circle all applicable codes.

Q. 445: STILL BREASTFEEDING

This question is only asked if the child is still alive. It does not matter whether she is giving the child other liquids or foods as well as breastfeeding; we are interested in knowing whether the child is being breastfed at all.

Q. 446: NUMBER OF MONTHS BREASTFED

This question is for women who are no longer breastfeeding the child in question. It is important to try to get as accurate information as possible. If the respondent says she can't remember how long she breastfed a child, urge her to think about it for a while or ask her whether she remembers how old the child was when she completely stopped breastfeeding him or her. If she gives an approximate answer, such as "about one year," establish whether it was exactly one year or how much more or less.

Record the number of months until she completely stopped breastfeeding the child. It does not matter whether she was giving the child other liquids or foods as well as breastfeeding; we are interested in how many months she was breastfeeding at all.

Q. 447: FILTER FOR LIVING CHILD

Check Q. 404. If the child is alive, mark the box on the left and skip to Q. 450. If the child is dead, you have finished the questions in Section 4A for this child. For the dead child, you will mark the box on the right and then do one of two things: 1) if there is another birth in the table (another child born in January [1995] or later), go back to Q. 405 and ask the questions in Section 4A for that child, or 2) if there are no more births (you have obtained information for all the births born in January [1995] or later), you will go to Q. 454 and begin Section 4B.

Qs. 448 and 449: NIGHTTIME AND DAYTIME BREASTFEEDING

These questions are only asked if the child is still being breastfed. Find out in Q. 448 how many times she put her child to the breast last night, that is between sunset and sunrise. If she feeds the child on demand or she can't remember how many times she breastfed last night, ask her to estimate. In Q. 449, we want to find out how many times she put her child to the breast yesterday, that is, during the daytime from sunrise to sunset. Again, if she is not certain, ask her to estimate. Put a zero in the first box for durations less than 10 months.

Q. 450: BOTTLE WITH NIPPLE

Since use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning, this question seeks to measure bottle-feeding practices.

Q. 451: SUGAR ADDED TO FOODS AND LIQUIDS

In this question, we want to know whether sugar was added to foods and liquids given to the child the day preceding the interview.

Q. 452: FOODS GIVEN YESTERDAY/LAST NIGHT

In this question, we want to find out how many times the child was given nonliquid foods in the 24 hours prior to interview. If the number is seven or more, record '7' in the box provided.

Q. 453: SKIP TO NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4A for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Section 4B.

SECTION 4B: IMMUNIZATION, HEALTH, AND NUTRITION

Qs. 454-456: TABLE HEADING

Complete the table heading, following the same procedure as you did for Section 4A. There is an important difference between Section 4A and 4B. Section 4A obtains information for both living and dead children, while Section 4B obtains information only for living children. However, you still need to complete the table headings for both living and dead children in Section 4B because all women will be asked a series of health-related questions at the end of this section.

Check Q. 212 and fill in the Line Number (Q. 455), child's name, and survival status (Q. 456) at the top of this page and the child's name at the top of the next four pages. Make sure to start with the last birth, then the next to last, etc. Use the second column of a continuation questionnaire if there are more than two births in January [1995] or later.

After completing Q. 456 for all births born in January [1995] or later, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 457; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 484.

Q. 457: VITAMIN A

Show the vitamin A ampule, capsule, or syrup and ask the woman whether her child has received vitamin A in the past six months.

Q. 458: VACCINATION CARD

You should have obtained documentation (birth certificates and vaccination cards) at the beginning of the interview. If you did not already obtain a card for a particular child, now is the time to ask for it again.

In some cases, the respondent may not be willing to take time to look for the health card, thinking that you are in a hurry. Encourage the respondent to look for the health cards of all eligible children. It is critical to obtain written documentation of the child's immunization history; therefore, be patient if the respondent needs to search for the card. When reading the card, be very careful. Take your time to read the card, and be certain to match the correct card with the child you are asking about.

If you have already collected a vaccination card for the child, circle '1' for YES, SEEN. If you have not collected the child's vaccination card, ask Q. 458 as written. If the respondent says that she has a health card for the child, then ask, "May I see it please?" If the respondent shows you the health card, record YES, SEEN. If the respondent says the child has a health card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 459: EVER HAD VACCINATION CARD

If, in Q. 458 the woman tells you she does not have a card for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it. Circle the appropriate code and skip to Q. 462.

Q. 460: RECORDING VACCINATIONS

If the respondent shows you the health card, fill in the responses to Q. 460, taking the information directly from the health card. This may not be easy since the health card may list the vaccinations in a different order than the questionnaire. Dates should be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

Here are some examples:

ENTRY ON HEALTH CARD

CORRECT ENTRY IN Q. 460

DAY MON YEAR

March 6, 1999

0	6	0	3	1	9	9	9
---	---	---	---	---	---	---	---

7 December 1997

0	7	1	2	1	9	9	7
---	---	---	---	---	---	---	---

9/27/96

2	7	0	9	1	9	9	6
---	---	---	---	---	---	---	---

July 1997

9	8	0	7	1	9	9	7
---	---	---	---	---	---	---	---

24/7/98

2	4	0	7	1	9	9	8
---	---	---	---	---	---	---	---

Measles given

4	4						
---	---	--	--	--	--	--	--

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given. For example, if the date given was July 1997, you would record '98' for DAY, '07' for MONTH, and '97' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. However, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since this probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT1 and POLIO1, DPT2 and POLIO2, etc. If there is a date on one of these lines, record the same date for both the DPT and polio injections.

Q. 461: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes, a child receives a vaccine but no record is made on the health card. After copying the card, ask the respondent whether the child received any of the six vaccinations that are not recorded on the card. This includes vaccination given in national immunization campaigns. If the child did so, record YES, then find out which vaccine was given, go back to Q. 460, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. If the child has received all of the vaccines listed in Q. 460, go to Q. 464. Only record YES in Q. 461 if the respondent mentions one of the vaccines listed in Q. 460. At the end of this question, skip to Q. 464 no matter what answer was recorded.

Q. 462: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a health card for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 463-463G: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's health card and the respondent tells you that the child did receive at least one vaccination, we want to find out what vaccinations the child received. This is a series of questions on four vaccinations: BCG, polio, DPT, and measles.

Read the introductory question (Q. 463) and then ask Qs. 463A-G, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are followup questions for the polio and DPT vaccinations. For the polio vaccine, we ask whether the child received it, when the child first received it, and how many times the child received it. Similarly, for the DPT vaccination, we ask whether the child received the vaccination and how many times.

Qs. 464 and 465: VACCINATIONS DURING IMMUNIZATION CAMPAIGNS

Ask the respondent whether any of the vaccinations was received by her child during one of the national immunization day campaigns. If the response is YES in Q. 464, record all campaign(s) in Q. 465.

Q. 466: FEVER IN LAST 2 WEEKS

Fever is a symptom of malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Record YES only if the fever occurred in the two weeks prior to the date of interview.

Q. 467: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 468: SHORTNESS OF BREATH

This question is asked only if the child had a cough in the past two weeks. Pneumonia and respiratory infections, which can be accompanied by short, rapid breathing, are a principal cause of death among children.

Qs. 470 and 471: ADVICE OR TREATMENT SOUGHT FOR COUGH AND FEVER

If the child had only a fever or a cough, read the question with the appropriate word at the end of the sentence. If the child had both a fever and a cough, read the question as follows: “Did you seek advice or treatment for the fever and the cough?”

If the woman did not seek advice or treatment from anywhere for the cough and fever, record NO and skip to Q. 472. If she did seek advice, go on to ask Q. 471. Probe to determine whether she saw more than one person or went to more than one place, and record all seen.

Qs. 473 and 474: TREATMENT OF THE FEVER

Ask the respondent whether her children who had fever in the past two weeks have taken any drugs for the fever and, if so, what drugs have they taken. Note that more than one drug may be administered to the child. In Q. 474, mark all the drugs mentioned by the woman.

If the woman does not know the name of the drug, ask her to show the drugs. If she cannot show the drug or you cannot determine the type of drug given to the child with fever, show her the drug(s) that are typically administered for fever, and ask her to identify the one(s) given to her child.

Q. 475: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means “more than three runny stools per day.” While reading this question, emphasize “in the last two weeks.”

Qs. 476 and 477: DRINKING AND EATING DURING DIARRHEA

Mothers may change the amount of fluids or food given while a child has diarrhea. Read the entire question before accepting a response.

Q. 478: SPECIAL FLUIDS

“A special packet” refers to a packet of oral rehydration salts (ORS), a treatment for diarrhea that consists of combining the contents of a small packet of powder (the ORS packet) with water. The packets are often available from health clinics, pharmacies, and fieldworkers. A government-recommended homemade fluid may be a cereal-based mixture or it may be made from sugar, salt, and water. Read out each item and circle the answer given after each item. Be sure to circle a code for each item. Do not leave either item blank.

Qs. 479 and 480: TREATMENT OF DIARRHEA

These questions ask the mother whether the child received anything for this episode of diarrhea. If in Q. 478 you learned that the child was given fluid from an ORS packet or a government-recommended homemade fluid, then ask Q. 479 by saying, “Was anything else given to treat the diarrhea?” If neither was given, ask Q. 479 by saying, “Was anything given to treat the diarrhea?”

If you learn in Q. 479 that treatment was given for the episode of diarrhea, record in Q. 480 all treatment that was given. The treatment may have been given by anyone. After recording a treatment, ask the woman whether “anything else” was given, but do so without implying that something else should have been given.

Qs. 481 and 482: SEEKING ADVICE FOR DIARRHEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional healer. If anyone sought advice or treatment for the child's diarrhea (not just the mother), record YES. If no advice or treatment was sought for this episode of diarrhea, record NO in Q. 481 and skip to Q. 483. If advice or treatment was sought (Q. 481 is YES), ask Q. 482 and probe for all persons seen. If she sought advice from more than one source, circle the code for each facility or person contacted.

Q. 483: SKIP INSTRUCTION

At this point, go back to Q. 456 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 484.

Q. 484: FILTER FOR NUMBER OF CHILDREN BORN SINCE JANUARY [1995]

Check Qs. 215 and 218 to find out how many children the respondent has who were born in [1995] or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 487. If she has one or more children of her own living with her, mark the box on the left and ask Q. 485.

Q. 485: DISPOSAL OF STOOLS

Correct disposal of stools is also linked with lower risks of getting diarrhea. Mothers are asked where they usually dispose of their children's stools if the child did not use the toilet facility. Circle the most appropriate code.

Q. 487: KNOWLEDGE OF ORS PACKETS

We want to know whether the respondent has heard of a special ORS packet to treat diarrhea. Be sure to use any local name that is used for these packets.

Q. 489: DECISIONMAKING TO TREAT ILL CHILDREN

In this question, we want to know whether the respondent, by herself, can make the decision to take a seriously ill child for medical treatment. Circle '3' for DEPENDS only if the respondent says that her answer depends on the circumstances. For example, a respondent may say, "When my daughter is ill, I can decide to take her, but when my son is ill, I must get my husband's permission." If a respondent says, "I can but only when my husband is at work. If he is at home, I must ask him first," then circle '2' for NO. If the woman says that none of her children had ever been seriously ill, ask the second question.

Q. 490: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Read the question slowly, emphasizing the choices big problem and not a big problem. Make sure that the woman understands that this question refers to medical care for the respondent herself, since the previous question asked about treatment for her children. Read out each item and circle the answer given before asking about the next item. Do not leave any blank. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick,

you must help her understand the question in terms of *whenever it is* (recently, currently, or in the near future) that if she is sick, given her present circumstances, would each of the different factors listed be a big problem, small problem, or no problem. “Knowing where to go” means knowing of the place/person where she should go to get the medical care or treatment she needs. “Getting permission to go” means someone’s permission is necessary for her to go and get the care. It does not matter who this person is (father, husband, mother-in-law). Circle ‘3’ for NO PROBLEM in the case where she does not need anyone’s permission, as well as the case where she says, for example, she needs her mother-in-law’s permission but that this is never a problem. “Getting money needed for treatment” includes money for actual treatment and/or for medicines. The word transport in the item “having to take transport” can be any transport that the woman would typically have to take if she could not walk to the place where she would get the care. “Not wanting to go alone” refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Q. 491: FILTER FOR YOUNGEST CHILD LIVING WITH RESPONDENT

Check Q. 215 to see whether the respondent has children who were born in [1997] or later, and check Q. 218 to see whether the children live with her. If there is at least one child who was born in [1997] or later and is living with the respondent, record the name of the youngest child in the space provided and continue with Q. 492.

Qs. 492 and 493: LIQUIDS AND FOODS GIVEN IN LAST 7 DAYS AND YESTERDAY/LAST NIGHT

The purpose of these questions is to obtain a better picture of the variety of the child’s diet. We are particularly interested in children under age three. In Q. 492, we ask the mother the types of liquids and in Q. 493 the types of foods given to her children in the seven days preceding the interview (under LAST 7 DAYS) and in the 24 hours prior to the interview (under YESTERDAY/LAST NIGHT). Read the question slowly and then read the first item on the list. Wait for the woman’s response and record the number of days in the last seven days that the child was given each item (or set of items). If a particular category has more than one item of food or drink, record the number of days that any item in that category was given. For example, if the child was given cheese on the first, second, and fifth days before the interview and yogurt on the second and sixth days, you would put ‘4’ in the box since there were four days when the child was given either cheese or yogurt.

If the child was given any item in a category on at least one day during the last seven days, ask how many times those items were given yesterday during the day or at night before going on to the next category. If no item in a category was given at all in the last seven days, leave the second column blank and go on to the next category.

In these questions, foods are categorized based on their most important nutritional contribution to the diet. For example,

- ▶ Foods that have a high vitamin A content include red sweet potatoes, green leafy vegetables, carrots, pumpkins, red squash, mangoes, and papayas.
- ▶ Other fruits and vegetables, such as oranges, bananas, apples, avocados, and tomatoes, provide additional vitamins and minerals.
- ▶ Foods made from millet, sorghum, maize, wheat, rice, or other grains are good sources of calories, niacin, and B vitamins; examples of such foods are porridges, maize meal, bread, noodles, and local starchy staples.
- ▶ Eggs, fish, poultry, meat, and dairy products are primarily sources of animal protein.
- ▶ Foods made of lentils, beans, pulses, and peanuts (groundnuts) are good sources of vegetable protein but also provide micronutrients.

- ▶ In addition to breast milk and other milks, infants may secure proteins from cheese and yogurt.
- ▶ Fats and oils include butter, margarine, ghee, lard and vegetable oils (such as palm, coconut, maize, groundnut, soybean, olive, sunflower, and cottonseed).

Q. 494: SLEEP UNDER A BEDNET

This question is only asked in countries where malaria is prevalent, and it is aimed at finding out whether women in reproductive ages are protected from getting bitten by mosquitoes that may carry malaria parasites.

Q. 495: HAND-WASHING

The purpose of this question is to ascertain whether the respondent prevented food contamination by washing her hands before she last prepared food for her family. Ask the respondent whether the last time she prepared a meal for her family she washed her hands immediately beforehand. If she has never prepared a meal for her family, circle code '3.'

Qs. 496-498: SMOKING

Studies have shown that smoking can increase the risks for lung, larynx, pancreas, and bladder cancers, as well as chronic lung conditions and heart diseases for both in men and women. For women, there are additional risks such as osteoporosis, cervical cancer, and early menopause. Smoking during pregnancy can lead to complications that increase the risks of growth retardation and may cause late fetal deaths and possibly neonatal death. The risk level of these health hazards is directly associated with the amount of cigarettes and tobacco consumed.

In Q. 496, ask the respondent whether she currently smokes cigarettes or tobacco. This does not include chewing tobacco. If yes, ask what type of tobacco, and circle all applicable responses. If the respondent does not smoke or smokes pipes or other types of tobacco than cigarettes, check the appropriate box in Q. 497, and go to Q. 501. In Q. 498, record the number of cigarettes she smoked in the 24 hours prior to the interview. Remember to fill in the first box with '0' for numbers less than 10.

E. SECTION 5: MARRIAGE AND SEXUAL ACTIVITY

Q. 501: CURRENTLY MARRIED OR LIVING WITH A MAN

The options here are currently married, living with a man, or not in union (the woman is neither married nor living with a man). Record the respondent's status at the time of the interview. In the questionnaire and this manual, "marriage" always refers to both formal and informal unions, such as living together. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. Casual sexual encounters are not included here. For example, if a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as "living together," whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union. Skip Qs. 502-504 if the woman is in union.

Q. 502: EVER BEEN MARRIED

For women who are not currently married or living with a man, ask whether they have ever been married or lived with a man. Remember that "married" refers to both formal and informal unions. Notice that there are two different response categories (and two different skip patterns) for a YES response: YES, FORMERLY MARRIED and YES, LIVED WITH A MAN. Be sure to make the distinction between the two categories.

If the respondent just answers YES, probe by asking, “Were you formerly married or did you live with a man?” If she was formerly married and also reports living with a man, record YES, FORMERLY MARRIED.

Q. 504: CURRENT MARITAL STATUS

For a woman who is not currently married and not currently living with someone but who was formerly in a union, record her current marital status at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be either widowed, divorced, or separated.

Q. 505: WHERE PARTNER LIVES

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or whether he lives elsewhere. If the woman’s partner usually lives with her but is away only temporarily, record LIVING WITH HER. When asking this question, choose the appropriate term for the woman’s relationship (husband or partner).

Q. 506: HUSBAND’S/PARTNER’S NAME AND LINE NUMBER

Write the name and Line Number of her husband/partner as in Columns (1) and (2) of the Household Schedule. If the husband/partner is not listed as a household member, enter ‘00’ in the boxes.

Qs. 507 and 508: NUMBER OF CO-WIVES

In these questions, we are interested in the number of wives other than herself the respondent’s husband has. In Q. 508, since the number has been assigned two boxes, remember to fill the first box with ‘0’ for numbers less than 10.

Q. 509: RANK

In this question, we want to know the respondent’s rank among her husband’s wives.

Q. 510: MULTIPLE MARRIAGES

As with Q. 501, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married only once, circle ‘1.’

Q. 511: DATE FIRST LIVED WITH A PARTNER

You need to do two things in this question. First, check back to the answer to Q. 510 and mark the appropriate box above the question. Then read the question under the box marked and record the response as given by the woman.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can’t remember the date, probe using the techniques discussed in Q. 105. It also might be possible to probe using the birth history. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner. Note that we are interested in the starting date of her first union (marriage or living together), not the date of first sex or

first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that she had her first birth before her first union.

If she answers in terms of the number of years ago (for example, “two years ago”), probe to find the month and year. If the woman does not know the month, circle ‘98’ for DON’T KNOW MONTH. If she knows the year, but not the month, circle ‘98’ for DON’T KNOW MONTH and fill in the boxes for YEAR. If the respondent cannot tell you the year, circle ‘9998’ for DON’T KNOW YEAR and go on to ask her age when she started living with that first partner (Q. 512). Notice that in recording the date in Q. 511, you will record both the month and year and if one of these items is not known, you will record DON’T KNOW for that item.

Q. 512: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 511), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn’t know, probe. Ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling ‘9998’ for DON’T KNOW is allowed as a valid response for Q. 511. However, if you were unable to obtain a numerical response to YEAR in Q. 511, you will have to provide the AGE in Q. 512.

GENERAL COMMENTS: Qs. 514-526 ON SEXUAL INTERCOURSE AND CONDOM USE

The purpose of these questions about sexual intercourse is to determine the respondent’s exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use is of interest because it can help reduce the risk of transmission of AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter-of-fact voice and do not make the respondent feel embarrassed by your own behavior. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, it will make the respondent think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 514: AGE AT FIRST INTERCOURSE

For all women, read the introductory sentence, “Now I need to ask you some questions. . .” before asking the question, “How old were you when. . .?”

Because you will be asking this question of all women, whether or not they have ever been in union or ever had a birth, it is essential that you pay attention to their particular situation and phrase the question appropriately. To determine whether you should read the words in parentheses (if ever) at the end of the sentence, check Q. 501 to see whether the respondent is in union, Q. 502 to see whether she has ever been in union, and Q. 210 to see whether she has ever had a birth. If the answers to all three of these questions is NO, then you should read the question as, “When was the last time you had sexual intercourse, if ever?” If she has never had intercourse, record NEVER, skip the following questions and continue with Q. 524.

If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. The respondent should feel comfortable in taking her time to think about her response to remember correctly. If she says her first time was when she started living with her (first) husband/partner, record it as such by circling ‘95.’

Check to make sure that the age at first intercourse and the age at first birth are consistent. The age at first intercourse should not be later than her age at first birth. To calculate her age at first birth, subtract her own

year of birth from the year of birth of her first child. This will tell you the age of the woman when she had her first birth. If her reported age at intercourse (Q. 514) is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it.

Q. 515: TIME OF LAST INTERCOURSE

Fill in the respondent's answer in the space according to the units that she uses. For example, if she says "three weeks ago," circle '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," circle '1' and write '04' next to DAYS AGO. If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer. For example, if she says, "last night," circle '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response 00 YEARS AGO.

Q. 516: CONDOM USED AT LAST INTERCOURSE

Condom use is of interest because if used correctly, condoms can reduce the risk of transmission of AIDS and other sexually transmitted infections. Circle the appropriate code and continue with Q. 517.

Qs. 517 and 518: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent with the person she last had sex with, and the duration of the sexual relationship. If she is the wife or cohabiting partner of this man, skip to Q. 519.

Note that the response categories are stated in terms of her relationship to the man, not his relationship to her.

For recording the duration in Q. 518, first circle the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write '0' in the first box.

Qs. 519-523: SEX WITH ANYONE ELSE

We are interested in finding out whether she had sex with anyone else in the past 12 months and whether a condom was used the last time she had sex with this person. Ask the respondent what her relationship with this person is and how long they have had sexual relations. Record the responses in Qs. 521 and 522. Follow the same instructions as for Q. 518 for duration of the relationship.

Question 523 asks about the number of different men the respondent has had sex with in the last 12 months, including men already mentioned. Since she is asked this question only if she has had sexual intercourse with at least two men in the last 12 months, the answer should never be '00' or '01.'

Qs. 524 and 525: KNOWLEDGE OF SOURCE FOR CONDOMS

Question 524 asks about with the respondent's knowledge of a source for condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent

insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go.

Record her response to Q. 525 in two ways: if it is a hospital, health center, or clinic, write the name of the place in the space provided on the questionnaire, and circle the code that indicates what type of place it is. It is not necessary to write the name of the source if it is a private doctor, fieldworker, pharmacy, shop, church, or friend or relative. When choosing a code, you need to know whether the place is in the public (run by the government) or private sector. If the respondent does not know whether the place is governmental or private, inform your supervisor after you complete the interview. Since you have recorded the name of the place, your supervisor will be able to learn what type of place it is from other people in the area.

If the woman tells you that she could get condoms from a doctor, ask her where the doctor is located. If she replies that the doctor is located in a hospital, ask her for the name of the hospital, and write it down. Then ask her whether it is run by the government or is privately owned. Only record PRIVATE DOCTOR if the doctor has his own practice that is not located within a larger facility.

If she mentions more than one place where she can get condoms, record all her answers since this is a multiple-response question.

Q. 526: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. The ability of a woman to get a condom can be viewed as a measure of her independence.

Qs. 527-529: FEMALE CONDOMS

Questions 527-529 ask about female condoms. Follow the instructions for Qs. 524-526.

F. SECTION 6: FERTILITY PREFERENCES

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 602: PREFERENCE FOR ADDITIONAL CHILDREN

This question is a combination of a filter and a question. First, check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant and has no living children, ask the question on the left as follows: “Now I have some questions about the future. Would you like to have a child or would you prefer not to have any children?” If she is not pregnant and has one or more children, you will have to word the question differently saying, “Would you like to have another child or would you prefer not to have any more children?”

If the respondent is currently pregnant, mark the box labeled PREGNANT and ask the question under that box: “After the child you are expecting. . .” Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now.

If the respondent is undecided, there are two choices. If she is pregnant, circle ‘4’ and skip to Q. 610. If the respondent is not pregnant or not sure whether she is pregnant, circle ‘5’ and go to Q. 608.

Q. 603: TIME TO WAIT

Follow the same procedure as in Q. 602 for choosing the appropriate question to ask. Question 603 is to be asked of all women who say that they want to have another child. Note that the answer can be given in months or years. Circle '1' if the response is in months or '2' if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, circle '994.' If the woman tells you she would like to wait until after she is married to have a child, record AFTER MARRIAGE. If the woman gives a different answer, circle '996' and write her response in the OTHER category.

Q. 605: FILTER FOR USING A METHOD

Check Q. 310. If you completed Section 3 correctly, then Q. 310 will be either YES because the woman is currently using a method of family planning; NO because she has used a method of family planning at some time in the past, but she is not currently using a method; or blank because it was not asked. If after checking Q. 310 you see YES recorded, you will mark the box on the right in this question for CURRENTLY USING. If, after checking Q. 310, you see NO recorded, you will mark the box in the middle for NOT CURRENTLY USING. If, after checking Q. 310, you see that it was not asked (she is either pregnant, sterilized, or has never used a method), you will mark the box on the left for NOT ASKED.

Q. 606: FILTER FOR TIME TO WAIT

Check Q. 603. If Q. 603 was not asked, you will mark the box on the left. If the woman gave a numeric response, check the number of months or years she would like to wait. If it is either 24 or more months or 02 or more years, you will mark the box in the middle. If the number is either 00 to 23 months or 00-01 year, you will mark the box on the right, and skip to Q. 610.

Q. 607: REASON FOR NOT USING A METHOD

Check the woman's response in Q. 602. If she says that she wants to have a/another child (code '1' is circled), mark the box on the left and ask the question under that box. If she wants no (more) children (code '2' circled), mark the box on the right and ask the question under that box. There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions.

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method (NOT HAVING SEX would be appropriate if she says she is not sexually active at all).

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and Hysterectomy is an operation to remove her uterus.

Code SUBFECUND/INFECUND if she thinks she cannot get pregnant (not including being menopausal). If the respondent says she is not using a method because she has not resumed menstruation since her last birth, record POSTPARTUM AMENORRHEIC.

FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, circle the code for HUSBAND/PARTNER OPPOSED.

If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill, while HEALTH CONCERNS may be that she heard that the pill may be linked to breast cancer.

INCONVENIENT would be if she considers contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's main reason is not listed as a response, write her response on the OTHER line and circle 'X.'
If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 608: PROBLEM IF PREGNANT

This question is only asked of women who are not pregnant or who are unsure whether they are pregnant. Be certain to finish asking the entire question before accepting a response.

Q. 610: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 611: PREFERRED METHOD

This question is for women who think they will use a method of contraception in the future. If the respondent mentions more than one method, ask her which one she prefers most; if she cannot make a choice, then circle the method that is higher on the list.

Q. 612: REASON FOR NOT INTENDING TO USE

This question is asked of women who are not currently using a method and do not intend to use a method in the future. There are many reasons that a person may not use contraception, so listen to your respondent carefully. Record what the respondent considers to be her main reason for not intending to use contraception.

Only record NOT MARRIED if the respondent offers this as her reason for not intending to use a method. If the woman's main reason is not listed as a response, write her response in the OTHER category and circle '96.' If the woman does not know at all why she will not use contraception, record DON'T KNOW.

Q. 613: INTEND TO USE IF MARRIED

This question is only asked of a woman if she told you in response to Q. 612 that she does not intend to use a method because she is not married. Now you are asking her whether she would use a method of family planning at any point in the future if she were married.

Q. 614: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box. If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed to Q. 615. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 616.

Q. 615: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 614. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. The sum of the number in the three sets of boxes in Q. 615 must equal the total number in Q. 614 unless the OTHER response is used in Q. 615. For example, if in Q. 614, she says she would like to have six children and in Q. 615, she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02'. If she would like to have two children ('02' in Q. 614) and she would want two boys, you would record '02,' '00,' '00.' If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children. If she gives some other answer, circle '96' for OTHER and record her exact words in OTHER.

Q. 616: APPROVAL OF FAMILY PLANNING

This is the woman's own opinion, regardless of whether or not she herself is using a method.

Q. 617: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line, waiting for her response and coding it before moving on to the next line. There must be an answer coded for each line, do not leave any blank.

Q. 618: COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES

Qs. 619 and 620: DISCUSSED FAMILY PLANNING WITH OTHERS

In Q. 619 you are asking whether the respondent has discussed family planning with any friends, neighbors or relatives within the last few months prior to the interview. It does not matter who initiated the discussion, and it does not matter whether the discussants approved or disapproved of family planning. If the woman responds YES to Q. 619, ask her in Q. 620 to specify with whom she had the discussions. Circle all persons with whom she discussed family planning over the last few months.

Q. 623: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire

question before accepting a response. Question 623 is asked only of women who are currently using contraception. If the respondent says that someone other than her husband/partner or she made the decision, such as a doctor or a nurse, circle '6' and write her answer in the space provided.

Q. 624: PARTNER'S ATTITUDE TOWARD FAMILY PLANNING

This question asks the woman what she thinks her husband's or partner's attitude is toward family planning. It does not matter in this question whether or not the couple has recently discussed family planning; this is simply the woman's opinion of her husband's or partner's attitude.

Q. 625: DISCUSSION OF FAMILY PLANNING IN PAST YEAR

We are interested in knowing whether, and how often, the respondent and her husband or partner have discussed family planning in the past year.

Q. 627: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own preferences. Read the entire question before accepting a response.

Q. 628: REASON FOR REFUSAL TO HAVE SEX WITH HUSBAND

This question is asked to all women regardless of their marital status. We are interested in the respondent's opinion on whether a wife is justified in refusing to have sex with her husband under certain circumstances. We are not asking about the woman's own situation, but whether in general a wife is justified in refusing to have sex with her husband under certain conditions. Read the introductory sentence and then each line, waiting for her response and coding it before moving on to the next line. Do not leave any line blank; there must be an answer coded for each line.

G. SECTION 7: HUSBAND'S BACKGROUND AND WOMAN'S WORK

In this section, take care to word the questions in the present or past tense according to whether the woman is currently in union (married or living together) or not. If she has been married more than once, ask about her most recent husband or partner.

Q. 702: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Q. 106 for obtaining her age.

Qs. 703-705: HUSBAND'S EDUCATION

These questions are identical to Qs. 107-109 which were asked of the respondent. Again, note that in Q. 704, you record the highest level attended, and in Q. 705, you record the highest grade, form, or year completed at that level.

Q. 706: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 701. If the woman is currently married or living with a man, mark the box on the left and ask the husband's/partner's occupation. If she is not currently married but was formerly married or lived with a man, ask about the (last) husband's/partner's occupation.

Write the answer in the respondent's own words. Be specific. For example, if the respondent says, "He works for the Ministry of Planning," ask what the man does there. Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. If you are not sure how to write the occupation, it is better to give more detail than less. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

"Not currently working" is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Qs. 707-710: EMPLOYMENT

In this section, we are not asking about housework but about other work a woman may do. If the respondent answers YES she does work to Q. 707, skip to Q. 710. If in Q. 707 the respondent answers NO she is not working, ask Q. 708. It often happens that women who sell things or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 708 so the respondent understands what we mean by "work." Be careful to follow the skip patterns in Q. 708 and Q. 709. As in Q. 706, write the respondent's occupation in her own words in Q. 710. Again, it is better to give more detail than less.

Q. 711: FILTER FOR AGRICULTURAL OR OTHER WORK

Mark the appropriate box, depending on the type of work described in Q. 710. Agricultural work includes farming, raising animals (including livestock, poultry, and fish), fishing, hunting, driving a tractor on a farm, or other activities associated with growing or harvesting food. If her job is selling food that she did not produce, she is not considered an agricultural worker. If she grows just a few crops but has another regular job, mark the box for DOES NOT WORK IN AGRICULTURE.

Q. 712: WORK ON FAMILY OR OTHER LAND

This question is asked of women working in agriculture to determine the ownership of the land on which they work. If the respondent works mainly on land belonging to herself, her husband, or her children, record OWN LAND. If she works on land that belongs to other members of her family or her husband's family, record FAMILY LAND. If the land that she farms is rented, record RENTED LAND. If she is a laborer on someone else's land or on a plantation, record SOMEONE ELSE'S LAND.

Q. 713: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 714: WORKS AT HOME OR ELSEWHERE

Whether the woman works at home or away from home will usually be clear. HOME means within the area of her house or compound. A woman may work on family fields that are far from the compound; in this case, you would code AWAY. If she works on a plot of land just outside the house, you would code HOME.

Q. 715: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record **THROUGHOUT THE YEAR** even if she works only part-time throughout the year. If her work is seasonal, record **SEASONALLY/PART OF THE YEAR**. If she works occasionally, record **ONCE IN A WHILE**.

Q. 716: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If a respondent works as a domestic servant and she is not paid a salary but instead gets lodging and food, she is paid only in kind (code '3'). If she is a domestic servant and she gets food and some cash, then circle '2.' If she is a clerk and gets paid a regular salary, she earns only cash (code '1'). If she is working on the farm for her family and receives no payment, then circle '4' for **NOT PAID**.

Q. 717: CONTROL OVER MONEY EARNED

This is a single response question that asks who mainly decides how the money the respondent earns will be used. The word 'jointly' refers to the respondent's making the decisions jointly with her husband or partner (code '3') or with someone else (code '5'). If the husband decides by himself, circle '2.' If the respondent is not involved in the decision and her mother-in-law makes the decision, circle '4' for **SOMEONE ELSE**.

Q. 718: CONTRIBUTION TO HOUSEHOLD EXPENDITURES

Only women who are paid all or part of their earnings in cash are asked this question. A woman's contribution to household's expenditures is an indicator of her potential empowerment in the family. This question asks the respondent for her perception of the extent to which her earnings help to meet household expenditures. Household expenditures are all expenditures made to meet the needs of the persons (including herself) who she considers to be part of her household. These expenditures can include such things as food, rent, transportation, entertainment, and education costs for children.

Q. 719: HOUSEHOLD DECISIONMAKING

We recognize that decisionmaking in households can be a complex process. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use code '1' for **RESPONDENT** only if she says that she alone usually makes the decision. When her husband/partner alone usually makes the decision, circle '2.' If she has to consult with her husband and then whatever decision they come to together is implemented, circle '3.' If, for example, she says that she and her in-laws jointly decide what food to cook, then circle '5' for **RESPONDENT AND SOMEONE ELSE JOINTLY**. Note that **SOMEONE ELSE** is coded only if the respondent is not usually involved in the decision. For example, you would circle '4' if the respondent says that her mother-in-law is the one who decides when she can visit her parents or siblings. Circle '4' if the respondent says that purchasing major items for the household is only done by her parents/parents-in-law. The important thing to note is that codes '3' and '5,' which involve the word jointly, refer to the respondent's making a decision jointly with her husband or others. Codes '2' and '4' mean that the respondent is not involved in the decision. Code '6' is circled if the question is inapplicable.

Q. 720: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 721: ATTITUDES TOWARD BEATINGS

Read the statement at the top of the question, then ask the question, reading each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the *respondent's opinion* and not about what is happening in her relationship with her husband/partner. Be sure that the respondent has understood the question before accepting an answer.

H. SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

AIDS is an illness caused by the HIV virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted sexually or through contact with contaminated blood. This section asks a group of questions on knowledge of and behavior related to AIDS and other diseases that are transmitted through sexual contact.

Q. 801: HEARD OF AIDS

This question allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to the word “AIDS.” If the respondent has never heard of AIDS, skip to Q. 817.

Qs. 802 and 803: WHAT TO DO TO AVOID AIDS

Question 802 is asked to determine whether the respondent thinks that AIDS or HIV infection can be avoided. Question 803 asks women who have knowledge of how to avoid getting AIDS to list the specific ways they know of to avoid getting AIDS. Note that more than one answer can be given and all responses mentioned should be recorded. If she answers “practice safe sex,” ask what she means by safe sex and record her answer appropriately.

Qs. 804-809: PROMPTED QUESTIONS ON KNOWLEDGE ABOUT AIDS

Whereas Q. 803 is open ended and asks the respondent to spontaneously mention ways to avoid getting HIV, these questions prompt the respondent about specific ways to avoid HIV transmission. They are focused on the programatically important ways to avoid HIV—by limiting the number of partners and by using condoms, as well as probing about misconceptions about AIDS transmission, such as mosquito bites and sharing food.

Q. 810: KNOWS PERSON WITH AIDS OR WHO DIED OF AIDS

We are asking specifically about someone the respondent knows personally, that is anybody (a sibling, friend, acquaintance, relative, or neighbor) the respondent knows who has the AIDS virus or who has died of AIDS. It does not matter when the person died, as long as the person was known to the respondent.

Q. 811: TRANSMISSION FROM MOTHER TO CHILD

This is a simple YES, NO, and DON'T KNOW question to find out whether the respondent thinks that AIDS can be passed from a mother to her child by any means.

Q. 812: MEANS OF TRANSMISSION FROM MOTHER TO CHILD

This question is asked to women who say that AIDS can be passed from a mother to her child. Ask her when the transmission could take place. Be sure to ask each item clearly. Do not leave any row blank.

Q. 814: DISCUSSED PREVENTING AIDS VIRUS WITH HUSBAND

Ask whether the respondent has discussed with her husband/partner ways to prevent getting the AIDS virus. It does not matter who initiated the discussion, and it does not matter whether the respondent and her husband/partner approved or disapproved of the ways.

Q. 815: SHOULD AIDS INFECTION BE KEPT SECRET

In Q. 815, we are interested in knowing whether the respondent would be willing to let others know that a family member is HIV-positive or whether he/she would want it to remain a secret.

Q. 816: WILLINGNESS TO CARE FOR A PERSON WITH AIDS

We want to know whether the respondent would take care of a relative who has the AIDS virus in her household. If she says it depends on which relative has AIDS, circle '8.'

Q. 817: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other diseases that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections she knows about.

Qs. 818 and 819: KNOWLEDGE OF SIGNS OF SEXUALLY TRANSMITTED INFECTIONS

Question 818 asks the respondent about her knowledge of the symptoms of sexually transmitted infections in a man, and Q. 819 refers to symptoms in a woman. This is the woman's own opinion. It is important that you not make her feel that she needs to give a response that you feel is correct. Simply record her response, whatever it is; you are not to probe except to ask "Any others?" after she has given you one response. Note that more than one answer can be given, and all responses mentioned should be recorded. However, the responses for NO SYMPTOMS and DON'T KNOW should not be circled if any other responses are circled. If none of the categories apply, simply write her response in OTHER and circle 'W' for the first such response and 'X' for the second such response, if necessary.

Q. 820: TIME INTERVIEW ENDED

Don't forget to write the time when you finished the interview, using the 24-hour system. If there was an extended break during the interview time, for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. At this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and

measure the height of the respondent (and her young children) and conduct a test for anemia. If she has any simple, general questions about the measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer.

I. INTERVIEWER'S OBSERVATIONS

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the editor or supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country that had a different system for dividing grades into primary and secondary, note that here. You may wish to explain why a result code was other than '1.' If answers that were not precoded require further explanation, use this space. These comments are extremely helpful to the editor, supervisor, and data processing staff in interpreting the information in the questionnaire.

J. RETURN TO HOUSEHOLD QUESTIONNAIRE

After completing interviews with all eligible women in the household, return to Column (39) in the Household Questionnaire. Copy the month and year of birth from Q. 215 for all children in any woman's birth history that are listed in Column (37) on the Household Questionnaire. Confirm that the Line Number in Q.219 in the birth history is the same as the Line Number in Column (36) of the Household Questionnaire. Complete the remaining information in Column (39) by asking the day of birth for children whose month and year of birth are copied from a birth history and by asking the day, month, and year of birth for all other children.

APPENDIX A. WEIGHT AND HEIGHT MEASUREMENTS

All women age 15-49 as well as all children born in January [1995] or later, will be weighed and measured. The results of the measurements will be recorded in the last pages of the Household Questionnaire. The measurement of weight and height (anthropometric measurement) constitutes a separate operation that will be conducted by the health technician on the team.¹⁰ The anthropometric measurements will require the cooperation of the health technician and an assistant (usually the interviewer).

The interviewer will fill in some parts of the weight, height, and hemoglobin section and then will give the Household and Women's Questionnaire(s) to the health technician. Since some information that the interviewer needs to fill in comes from the Women's Questionnaire, it is far preferable for the measuring to be done after the women's interview has been completed. If more than one woman is to be interviewed in a household, it is preferable to do the measurements after all the women have been interviewed. However, if some respondents or children have to leave the household before all the women have been interviewed or if a callback has to be made to interview another woman, it is best to complete the measurements on those who are present. The most important thing is not to miss measuring those who are eligible. Also, there will be some cases in which children need to be measured when the mother does not live in the household or is not eligible or cannot be interviewed for some other reason.

The weight and height section of the Household Questionnaire has two parts. The top part is for recording the measurements of women age 15-49, and the bottom part is for young children.

First, the interviewer will record the information in Columns (36) through (38) using information from the Household Questionnaire. The ages in Column (38) should be copied from Column (7) of the Household Questionnaire, not from the Women's Questionnaire.

Next, the interviewer will fill in Column (39). Note that you do not need to ask the women's date of birth, which is why the section has been blocked off. For children whose mother has been successfully interviewed, copy the month and year of birth from Q. 215 in the Women's Questionnaire and ask for the day of birth. For children whose mother was not interviewed, ask the date of birth using the same techniques described in Q. 215. If the day of birth cannot be determined, record '98.'

There is space to record the measurements of up to three women and six children in one household questionnaire. If an additional sheet is needed, mark the box at the bottom of the page. Get a fresh household questionnaire, fill out the identification codes, write CONTINUATION SHEET at the top of the cover page, and record the measurement of the remaining women and children as described in the following section.

The remainder is to be filled in during the measuring with the health technician.

Cols. (40) through (43): WEIGHT AND HEIGHT MEASUREMENTS

For children under age six, after you have completed column (39), check whether the year of birth is [1995] or later. Only children born in [1995] or later will be measured.

¹⁰ These instructions for anthropometric measurement are included in the Interviewer's Manual because in surveys with no anemia testing, the height and weight measurements are often performed by interviewers.

Col. (40): WEIGHT (KILOGRAMS)

The weight is recorded in kilograms (kg), accurate to 0.1 kg. Remember to put a zero in the first box if the weight is less than 100 kg. and two zeros if the weight is less than 10 kg.

Example:

69.5 kilograms

0	6	9
---	---	---

 .

5

102.3 kilograms

1	0	2
---	---	---

 .

3

5.6 kilograms

0	0	5
---	---	---

 .

6

Col. (41): HEIGHT (CENTIMETERS)

The height or length is recorded in centimeters (cm), accurate to 0.1 cm. Remember to put a zero in the first box if the height is less than 100 cm and two zeros if the height is less than 10 cm.

Examples:

Height 92.4 cm

0	9	2
---	---	---

 .

4

158.1 cm

1	5	8
---	---	---

 .

1

Length 60.5 cm

0	6	0
---	---	---

 .

5

Col. (42): MEASURED LYING DOWN OR STANDING UP

This column is only applicable to children who have been measured. Children under the age of two years should be measured lying down. Circle the appropriate code.

Col. (43): RESULT

Record the result of the anthropometric measurement in this column. Circle '1' if the woman or child has been successfully measured, '2' if the woman or child was not present at the time the team visited the house for measurement, and '3' if the woman refused to be measured or did not allow the child to be measured.

INSTRUCTIONS FOR MEASURING WEIGHT AND HEIGHT OF WOMEN AND CHILDREN

Acknowledgment: the instructions that follow have been taken (with some alterations) from the United Nations manual *How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children in Household Surveys*, Department of Technical Co-operation for Development and Statistical Office, New York, 1986.

I. PROCEDURES AND PRECAUTIONS BEFORE MEASURING

A. Layout of the Procedures

Each step of the measurement procedures is directed at specific participants, who are named in bold letters at the beginning of each step; e.g., “**Measurer**,” “**Assistant**,” etc.

B. Two Trained People Required

Two trained people are required to measure a child’s height and length. When measuring a child, the measurer holds the child and takes the measurements. The assistant helps hold the child and records the measurements on the questionnaire. If there is an untrained assistant such as the mother, then the trained measurer should also record the measurements on the questionnaire. One person alone can take the weight of a child and record the results if an assistant is not available.

C. Scale and Measuring Board Placement

Be selective about where you place the measuring board and scale. It is best to measure outdoors during daylight hours. If it is cold, raining, or too many people congregate and interfere with the measurements, it may be more comfortable to weigh and measure indoors. Make sure there is adequate light.

D. Age Assessment

Before you measure a child, determine his/her age. If the child is less than two years old, measure length. If the child is two years of age or older, measure height. If accurate age is not possible to obtain, measure length if the child is less than 85 cm. Measure height if the child is equal to or greater than 85 cm.

E. When to Weigh and Measure

Weigh and measure after the individual interview has been completed. This will allow you to become familiar with the members of the household. DO NOT weigh and measure at the beginning of the interview, i.e., as soon as you enter a household, which would be more of an upsetting intrusion.

F. Weigh and Measure One Child at a Time

If there is more than one eligible child in a household, complete the weighing and measuring of one child at a time. Then proceed with the next eligible child. DO NOT weigh and measure all the children together. If there is more than one eligible woman in a household, weigh and measure her and all her eligible children before proceeding with the next woman. Otherwise measurements may get recorded in the wrong columns of the questionnaire. Return measuring equipment to their storage bags immediately after you complete the measurements for each household.

G. Control the Child

When you weigh and measure, you must control the child. The strength and mobility of even very young children should not be underestimated. Be firm yet gentle with children. Your own sense of calm and self-confidence will be felt by the mother and the child.

When a child has contact with any measuring equipment, i.e., on a measuring board you must hold and control the child so the child will not trip or fall. Never leave a child alone with a piece of equipment.

H. Coping with Stress

Since weighing and measuring requires touching and handling children, normal stress levels for this type of survey work are higher than for surveys where only verbal information is collected.

Explain the weighing and measuring procedures to the mother and, to a limited extent, the child to help minimize possible resistance, fears, or discomfort they may feel. You must determine whether the child or mother is under so much stress that the weighing and measuring must stop. Remember, young children are often uncooperative; they tend to cry, scream, kick, and sometimes bite. If a child is under severe stress and is crying excessively, try to calm the child or return the child to the mother before proceeding with the measuring.

Do not weigh or measure a child if

- a. The mother refuses.
- b. The child is too sick or distressed.
- c. The child has a physical deformity that will interfere with or give an incorrect measurement. To be kind, you may want to measure such a child and make a note of the deformity on the questionnaire.

I. Recording Measurements and Being Careful

Keep objects out of your hands and pens out of your mouth, hair, or breast pocket when you weigh and measure so that neither the child nor you will get hurt due to carelessness. When you are not using a pen, place it in your equipment pack or on the questionnaire. Make sure you do not have long fingernails. Remove interfering rings and watches before you weigh and measure.

J. Strive for Improvement

You can be an expert measurer if you strive for improvement and follow every step of every procedure the same way every time. The quality and speed of your measurements will improve with practice. You will be required to weigh and measure many children. Do not take these procedures for granted even though they may seem simple and repetitious. It is easy to make errors when you are not careful. Do not omit any steps. Concentrate on what you are doing.

II. PROCEDURES FOR WEIGHING WOMEN AND CHILDREN USING THE UNICEF ELECTRONIC SCALE (UNISCALE)

A. Equipment

1. The **UNICEF Electronic Scale or Uniscale** is a scale for weighing both children and adults. The scale looks like a bathroom scale with a digital display. The scale has a 150 kilogram capacity and is accurate to 0.1 kg (0.2 lbs). The scale allows the measurer to directly read the weight of the child when held by the mother without requiring any calculations.

The Uniscale has solar cells; therefore, there are no batteries to be changed.

2. **Wooden support board** to place under the scale (to be carried with the scale). If you do not have a wooden board, you may have to use the top section from the height measuring board unless you can place the scale on a completely flat and horizontal floor.
3. **Bag** to store the scale and wooden board.

B. Measurer: Explaining the Weighing Procedure to the Respondent/Mother

1. Show the scale to the mother and explain to her that you are going to weigh her and her children on the scale. Tell her that infants and young children who will not stand on the scale alone will be weighed while being held by the mother. Also explain that you will record the respondent's/mother's weight as well. Older children may be weighed by standing by themselves on the scale.
2. Ask the mother to wear just light indoor clothing (e.g., a dress or a blouse and skirt) when she is weighed. She should not wear thick clothing or anything heavy.
3. Ask the mother to undress the child(ren) completely. The only exception is that the children may wear a small pair of underpants if desired by the mother. Children should not wear diapers. If she is concerned that it is cold, tell her that she may cover the child(ren) with a cloth or a blanket until the scale is ready.
4. Ask the mother to let someone else hold the baby so she can be ready to step onto the scale (or hold the baby yourself if no one else is there).
5. Tell the mother that after weighing her, you will first weigh the youngest child, then the second youngest, etc.

C. Measurer: Preparing the Scale

1. It is important to remember that the scale will not function correctly if it becomes too warm. It is best to use the scale in the shade or indoors as long as there is enough light for the solar cells.

Place the wooden support board flat on the ground, making sure that it is on a smooth surface and that it will not move at all even if someone stands on it.

2. Then place the scale on the board and make sure that it is flat (horizontal).

3. If the scale is not flat (horizontal) or if the scale and board are not steady, move the board into a different position or place something under the board until the problem is corrected.
4. Check again to make sure that the board is flat (horizontal) and stable and that it cannot move at all. It is important that the scale is placed on a hard, level surface; soft or uneven surfaces may cause errors in weighing.
5. Have the questionnaire and pen ready in your hand.

D. Measurer: Weighing Women and Older Children Who Can Stand on the Scale by Themselves

1. Turn the scale ON by covering the solar cells for less than one second (the scale will not turn on if the solar cells are covered too long). The display should show '188.8' first, and then '0.0.' The '0.0' reading indicates that the scale is ready.
2. Ask the woman or child to step onto the center of the scale and stand quietly. Soon, numbers (.1,1.) will appear on the display. Wait until the numbers on the display no longer change. Make sure that the solar cells are not covered by a skirt or feet.
3. The woman's (child's) weight will appear in the display within two seconds. Record the woman's weight to the nearest 0.1 kg in the questionnaire in the RESPONDENT column (this is the weight of the respondent). (Make sure that you are able to see the whole display area so that you can read all the numbers correctly). If it is an older child, record the weight on the correct line for children.
4. If you are going to weigh the woman's young child, tell the mother to keep standing still on the scale, since you are getting ready to hand her the child.

E. Measurer: Weighing Younger Children

NOTE: If it is cold and the mother wants the child to be covered during the weighing, give her a blanket or cloth for covering the baby **after** you have recorded her own weight in the questionnaire (that is, after Step D.3) but **before** you go to the next step (E.1).

1. If you are NOT giving the mother a blanket or cloth: While the mother is standing still on the scale, make sure that the numbers are not changing, then (while the woman is standing quietly on the scale) cover the solar cells for less than one second. The scale will read '0.0.' There will be a small picture of a mother holding a baby which means that the scale has adjusted itself to ignore the woman's weight (this is called taring) and prepared itself to show you only the baby's weight. The scale is ready to weigh the baby in the mother's arms.

If you ARE giving the mother a blanket or cloth for covering the baby: Ask the mother to step off the scale after you have recorded her weight. Then give her the blanket or cloth and ask her to step back onto the scale. (It is necessary for the woman to step off the scale because blankets and cloths usually weigh less than 2 kilograms; see H.2 below). While the woman is standing still on the scale, make sure that the numbers are not changing, then (while the woman is standing quietly on the scale and holding the blanket) cover the solar cells for less than one second. The scale will read '0.0.' There will be a small picture of a mother holding a baby which means that the scale has adjusted itself to ignore the woman's weight (this is called taring) and prepared itself to show you only the baby's weight. The scale is ready to weigh the baby in the mother's arms.

2. Give the mother the youngest child to hold. Wait until the numbers on the display no longer change.

3. Record the weight of the child to the nearest 0.1 kg in the questionnaire in the column with the child's name. (The scale has now shown you the weight of the child alone even though he/she was held by the mother).

F. Measurer: Weighing More Than One Child per Respondent

Repeat the steps above (under E.) for each child, giving the mother the second to the youngest child to hold, then the third youngest, etc.

1. Make sure that you cover the solar cells for less than one second while the mother stands quietly alone on the scale **before each** child is weighed. The scale will read '0.0' and the small picture of a mother holding a baby will appear, telling you that the scale is ready to weigh the child in the mother's arms. (For the best results, follow this procedure of taring the scale before each child).
2. Give the child to the mother to hold. Wait for a few seconds until the numbers on the display no longer change.
3. Record the weight to the nearest 0.1 kg in the questionnaire in the column with the child's name.

G. Measurer: Thank the Respondent

Thank the respondent, and tell her something nice about her child(ren).
(The scale will turn itself off after a short while).

H. Additional Notes on the Uniscale:

1. The Uniscale **switches itself off automatically two minutes after the last weighing**. If this happens, follow the instructions from the beginning to turn it on again.
2. There are **special instructions for weighing very small babies** (those who weigh less than about 2 kg.). If you are not able to get a weight reading when trying to weigh a small baby, follow these instructions. To get a reading for such a small child, the scale should be tared by covering the solar cells for less than one second while the woman stands on the scale (as described above under E.1). The woman must then step off the scale (the display will then show '--.-'), take the small baby, and then step right back on the scale again. The display will show the weight of the small baby.
3. If there is **too much movement** on the scale during measurement, the display will switch between '1.' and '.1' until the load becomes stable.
4. Do not weigh loads with a **total weight** of more than 150 kg.
5. Possible **reasons for the scale not taring** (returning to '0.0' after covering the cells when the mother is standing on the scale include the following):
 - a. There was no weight on the scale to tare.
 - b. The solar cell was not covered completely.
 - c. The solar cell was covered for more than one second; try covering it for less than one second.
 - d. It is too dark; put the scale in a brighter place.
 - e. The load weighs more than 120 kg; use a lighter load.

6. What to Do If the Scale Display Shows One of the Following:

E01:

The scale has to readjust itself. Get off the scale and wait until E01 no longer appears.

E02 and switches off automatically:

Be sure there is no load on the scale and try to start the scale.

E03 and switches off automatically:

The scale is either too cold or too hot. Move it to a different place with the temperature between 0 degrees C and 45 degrees C. Wait 15 minutes for it to adjust to the temperature, then start the scale.

E04 after measuring:

The load is too heavy (more than 150 kg). Get off the scale and reduce the load.

E05 for a few seconds after trying to start the tare function:

The load is too heavy for taring (more than 120 kg.). Get off the scale and reduce the load.

7. Notes on using, cleaning, and storing the Uniscale:

- a. The scale will not function correctly if it becomes too warm. It is best to use the scale in the shade or indoors as long as there is enough light for the solar cells. If the scale becomes too hot and does not work correctly, place it in a cooler area and wait 15 minutes before using it again.
- b. The scale must adjust to changes in temperature. If the scale is moved to a new site with a different temperature, wait for 15 minutes before using the scale again.
- c. Do not drop or bump the scale.
- d. Do not store the scale in direct sunlight or other hot places. For example, do not leave the scale in a parked vehicle on a sunny day.
- e. Protect the scale against excess humidity and wetness.
- f. Do not use the scales at temperatures below 0 degrees C or above 45 degrees C.
- g. To clean the scale, wipe surfaces with a damp cloth. Never put the scale in water.

III. PROCEDURES FOR HEIGHT MEASUREMENT

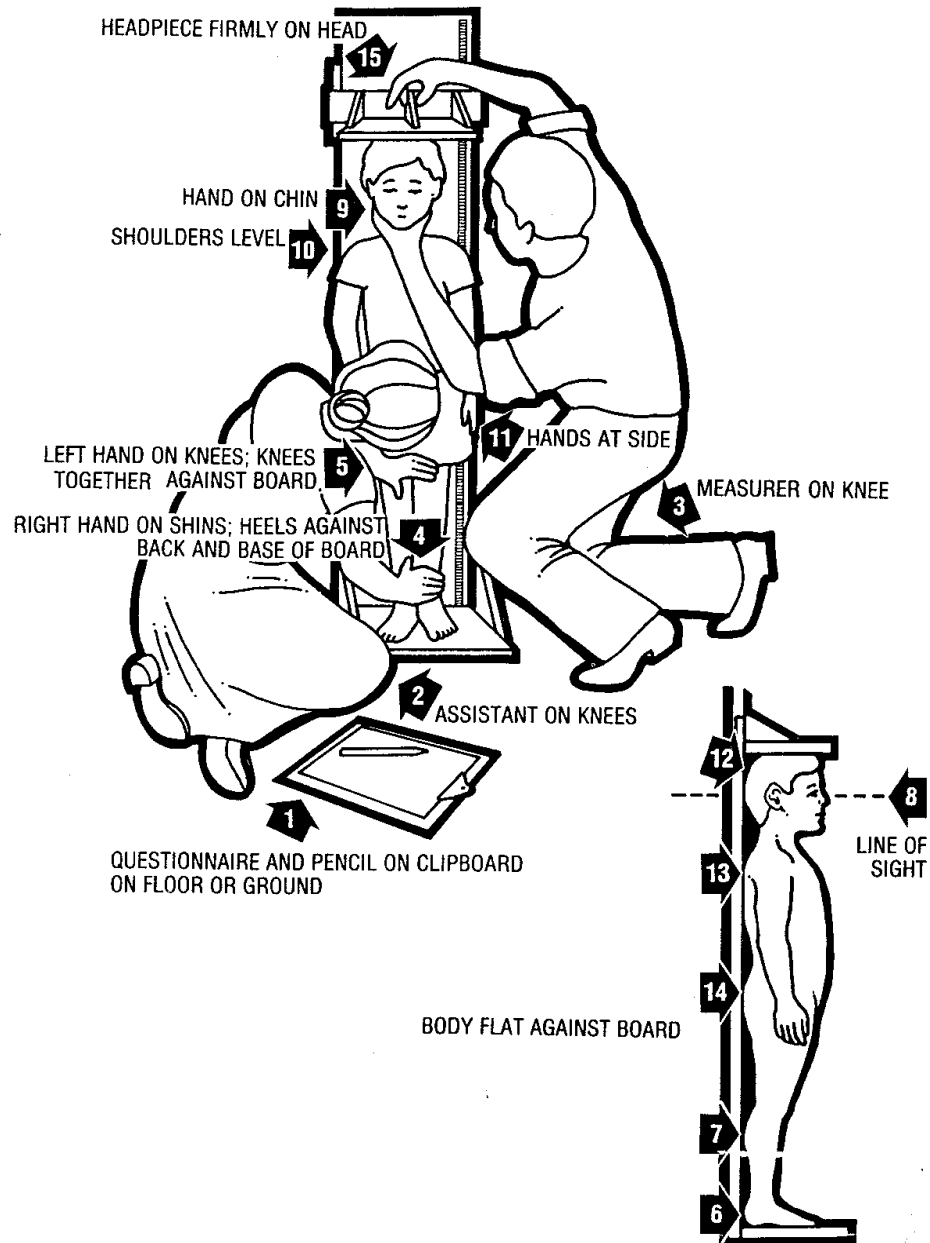
A. CHILD'S HEIGHT (Illustration 1)

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface against a wall, table, tree, staircase, etc. Make sure the board is stable.
2. **Measurer or Assistant:** Ask the mother to remove the child's shoes and upbraid any hair that would interfere with the height measurement. Ask her to walk the child to the board and to kneel in front of the child (if she is not the assistant).
3. **Assistant:** Place the questionnaire and pen on the ground (Arrow 1). Kneel with both knees on the right side of the child. (Arrow 2).
4. **Measurer:** For mobility, kneel on your right knee only, on the child's left side (Arrow 3).
5. **Assistant:** Place the child's feet flat and together in the center of and against the back and base of the board. Place your right hand just above the child's ankles on the shins (Arrow 4), and your left hand on the child's knees (Arrow 5) and push against the board. Make sure the child's legs are straight and the heels and calves are against the board (Arrows 6 and 7). Tell the measurer when you have completed positioning the feet and legs.
6. **Measurer:** Tell the child to look straight ahead at the mother if she is in front of the child. Make sure the child's line of sight is level with the ground (Arrow 8). Place your open left hand on the child's chin. Gradually close your hand (Arrow 9). Do not cover the child's mouth or ears. Make sure the shoulders are level (Arrow 10); the hands are at the child's side (Arrow 11); the child's feet are flat on the base of the board; and the head, shoulder blades, and buttocks are against the board (Arrows 12, 13, 14). With your right hand, lower the headpiece on top of the child's head. Make sure you push through the child's hair (Arrow 15).
7. **Measurer and Assistant:** Check child's position (Arrows 1-15). Repeat any steps as necessary.
8. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 cm. Remove the headpiece from the child's head and your left hand from the child's chin and support the child during the recording.
9. **Assistant:** Repeat the measurement called out by the measurer. Immediately record the measurement and show it to the measurer. Note: If the assistant is untrained, the measurer records the height.
10. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to correct any errors.

B. WOMAN'S HEIGHT

Measure the height of the respondent in the same way you do for older children. Make sure that any scarves are removed and that her hairstyle does not interfere with the measurement. You must use all extension pieces for the measuring board. While measuring, you should be careful to respect her modesty when checking that she is standing straight against the board.

Illustration 1. Child Height Measurement

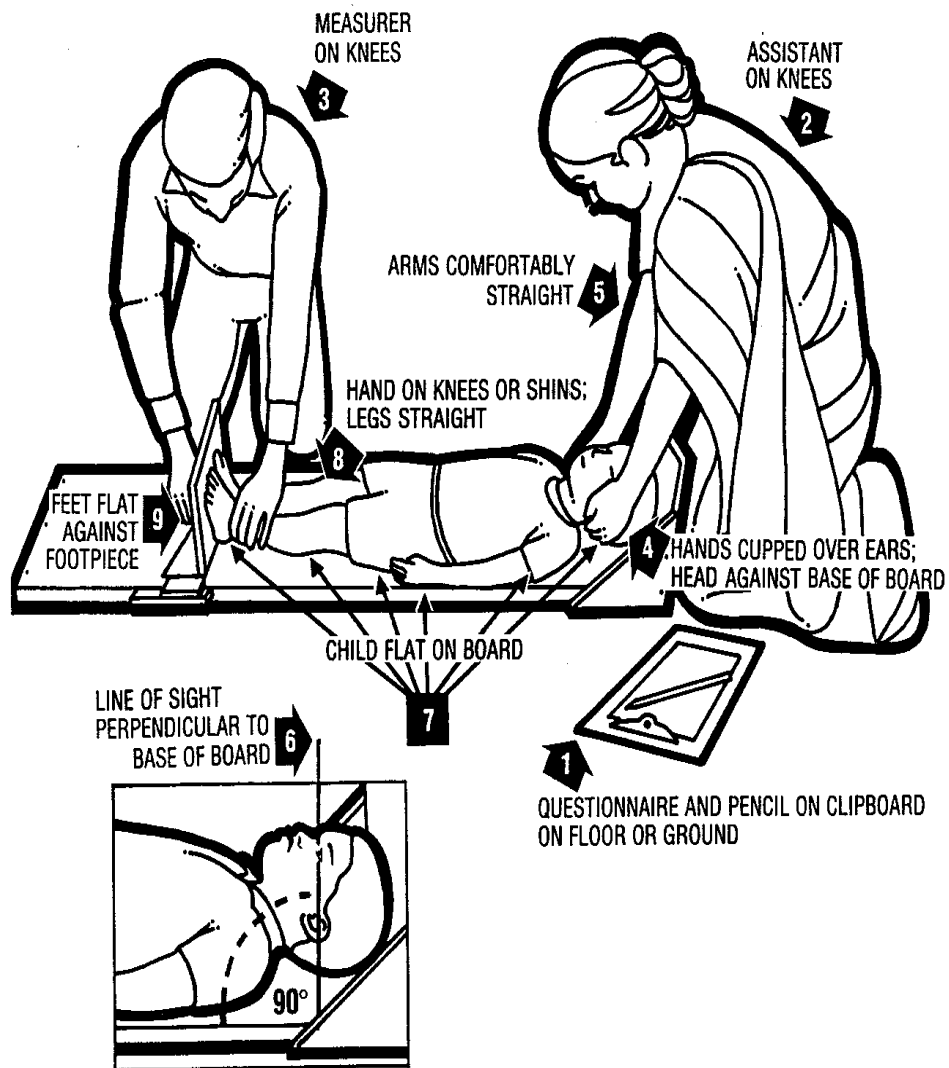


C. CHILD'S LENGTH (Illustration 2)¹¹

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface, i.e. ground, floor or steady table.
2. **Assistant:** Place the questionnaire and pen on the ground, floor, or table (Arrow 1). Kneel with both knees behind the base of the board if it is on the ground or floor (Arrow 2).
3. **Measurer:** Kneel on the right side of the child so that you can hold the foot piece with your right hand (Arrow 3).
4. **Measurer and Assistant:** With the mother's help, lay the child on the board by doing the following:
Assistant: Support the back of the child's head with your hands and gradually lower the child onto the board.
Measurer: Support the child at the trunk of the body.
5. **Measurer or Assistant:** If she is not the assistant, ask the mother to kneel on the opposite side of the board facing the measurer to help keep the child calm.
6. **Assistant:** Cup your hands over the child's ears (Arrow 4). With your arms comfortably straight (Arrow 5), place the child's head against the base of the board so that the child is looking straight up. The child's line of sight should be perpendicular to the ground (Arrow 6). Your head should be straight over the child's head. Look directly into the child's eyes. Tell the measurer that the child is ready to be measured.
7. **Measurer:** Make sure the child is lying flat and in the center of the board (Arrow 7). Place your left hand on the child's shins (above the ankles) or on the knees (Arrow 8). Press them firmly against the board. With your right hand, place the foot piece firmly against the child's heels (Arrow 9). For infants, quickly touch the soles of their feet with your thumb to make the child straighten his or her knees.
8. **Measurer and Assistant:** Check the child's position (Arrows 1-9). Repeat any steps as necessary.
9. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 cm. Remove the foot piece, release your left hand from the child's shins or knees and support the child during the recording.
10. **Assistant:** Repeat the measurement called out by the measurer. Immediately release the child's head, record the measurement, and show it to the measurer. Help the child to get up or hand the child to the mother. Note: If the assistant is untrained, the measurer records the length on the questionnaire.
11. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to correct any errors.

¹¹If the assistant is untrained, e.g., the mother, then the measurer should help the assistant with the length procedure.

Illustration 2. Child Length Measurement



APPENDIX B. HEMOGLOBIN MEASUREMENT

All interviewed women as well as their children born in January [1995] or later will be tested for anemia (hemoglobin testing). The anemia testing will be performed by a health technician who is a specially trained person responsible for all technical aspects of the anemia testing, including general blood precautions and requirements for biohazardous waste disposal. Detailed information on how blood sampling and hemoglobin measurements are done is contained in a separate anemia testing manual.¹²

Although interviewers will not be involved in actual performance of the anemia testing, they will be responsible for filling in parts of the questionnaire and may record the results of the anemia testing. Interviewers also need to have some general knowledge about anemia.

What does the interviewer need to know about anemia?

Anemia is a condition characterized by reduction in the volume of red blood cells and a decrease in the concentration of hemoglobin in the blood. In anemic persons, a decreased amount of oxygen reaches the tissues and organs of the body.

Anemia is known to have detrimental effects, especially on the health of women and children, and may become an underlying cause of maternal death and infant loss. An anemic person often appears pale and weak and may feel breathless, faint, or unusually aware of a pounding heart. These symptoms may arise from a number of underlying conditions, including nutritional deficiency of iron, folate, vitamin B₁₂, and some other nutrients. Although many other causes of anemia have been identified, nutritional deficiency due primarily to a lack of dietary iron accounts for the majority of cases of anemia. Some forms of anemia require supervised medical care, but those caused by improper nutrition can typically be treated at home after the condition has been diagnosed.

Hemoglobin testing is a primary method for anemia diagnosis. It can be done using the HemoCue system. This system consists of a battery-operated photometer and a disposable cuvette that is coated with a dried reagent and serves as the blood collection device. Levels of anemia can be classified as severe, moderate, and mild based on the hemoglobin concentration in the blood and according to criteria developed by the World Health Organization. Severe anemia is diagnosed when the hemoglobin concentration is less than 7.0 grams per deciliter (g/dl), moderate anemia when the hemoglobin concentration is 7.0 - 9.9 g/dl, and mild anemia when the hemoglobin concentration is 10.0 - 11.9 g/dl (10.0 - 10.9 for pregnant women).

Filling in the questionnaire

The hemoglobin section of the Household Questionnaire has two parts. The top part is for recording the measurements of women age 15-49, and the bottom part is for children born in January [1995] or later. Before the measuring starts, the interviewer should fill in Columns (44), (45), and (48).

Columns (44) and (45): AGE

Check Column (38) to see whether the woman's age is less than 18 years. Circle the appropriate code. For women age 15-17, you need to identify the name of the parent or responsible adult, and record his/her Line Number in Column (45) as given in Column (1) of the Household Schedule. For women age 18-49 years, skip to Column (46). For children, record the Line Number of a parent or responsible adult.

¹²Macro International Inc. 2000. *Anemia Testing Manual for Population-Based Surveys*. Calverton, Maryland, U.S.A.: Macro International Inc.

Column (48): PREGNANCY STATUS

If the respondent has been successfully interviewed, check Q. 226 in the Women's Questionnaire. Circle the appropriate code. If there is no individual questionnaire for the woman, ask whether she is pregnant and record her response.

Column (46): INFORMED CONSENT FOR HEMOGLOBIN TEST

The health technician must read to the respondent (or to the parent or responsible adult for young children and women age 15-17) the consent statement at the bottom of the page prior to starting the procedures for taking a blood sample. The statement explains the purpose of the test and requests permission to collect a blood droplet from eligible persons. The statement contains some information on the general procedure of anemia testing with the HemoCue system and indicates that the procedure will be done with sterile disposable devices. The woman will be assured that the results will be kept confidential and that she will be told by the health technician about the results of testing. The statement also indicates that her participation is voluntary. If the person agrees to the testing, circle '1,' sign your name (certifying that you have read the statement and that the person agrees to the testing), and proceed with the hemoglobin testing. If the person does not agree to the testing, circle '2,' sign your name, and proceed to the next person.

Column (47): HEMOGLOBIN MEASUREMENT

In Column (47) the hemoglobin level of women and children will be recorded in grams per deciliter (g/dl) from the digital readout on the HemoCue.

Column (49): RESULT

Record the result of the hemoglobin testing. As in Column (43), circle '1' if the woman or child was successfully tested, '2' if the woman or child was not present at the time the team visited the house for testing, and '3' if the woman refused to be tested or did not allow the child to be tested.

Column (50): FILTER FOR LOW LEVELS OF HEMOGLOBIN

Mark the box on the left if any person in the household has a hemoglobin level below the cutoff point (9g/dl for pregnant women and 7g/dl for children and women who are not pregnant or who do not know whether they are pregnant). Then, give the separate "results" form to each woman, parent, or responsible adult, and explain what the results mean. If no person in the household has a hemoglobin level below the cutoff point, mark the box on the right, give each woman, parent, or responsible adult the separate results form, and explain the meaning of the results. Then end the household interview.

Column (51): REFERRAL FOR SEVERE ANEMIA

For each person whose hemoglobin level is lower than the cutoff point, write his or her name in the first column and in the case of children, the name of the parent or responsible adult in the second column. Then read the statement in Q. 51 to find out whether they agree to having the condition reported to the doctor in the local health facility. Circle code '1' in the last column if they agree and code '2' if they do not agree. Record the name of each person for whom agreement has been obtained in the letter that will go to the local health officials.